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American Women

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DOD Cancer Development Award Year one progress report

Research title: Impact of culture on breast cancer screening in Chinese-American women

I. Introduction

Breast cancer is the most common cancer for Chinese-American women and is the second leading cause of death in this group¹. Research has consistently shown that Chinese-American women have the lowest rate of mammography screening among minority and ethnic groups²⁻⁵ and they are more likely to be diagnosed at a later stage⁶⁻⁷. However, few studies presented systematic understanding about how these barriers connect to screening and what type of intervention is effective to promote screening in this population. To expand current limited knowledge about Chinese women and their intention to screening, the proposed study aims to investigate cultural and language barriers among Chinese women to breast cancer screening. We will also conduct a brochure intervention to promote breast cancer screening in this underserved population. The objectives of this study are threefold: 1) conduct a baseline interview with older Chinese women to identify cultural and language barriers to mammography screening; 2) develop culturally appropriate Chinese language educational materials targeted by stage of adoption; and 3) conduct a process evaluation of the potential impact of these tailored materials on screening intention in this under-studied population. Based on information from the baseline interview, we will refine culturally tailored Chinese breast cancer brochures. A randomized trial in a sample of 250 Chinese women will then be conducted to evaluate acceptability and effectiveness of the brochures on women's intention to be screened.

II. Body

The following outlines the progress made in the first year toward meeting objectives specified for the study. The specific aims of the study are as follows:

1. Use quantitative research methods to describe factors related to older Chinese women's breast cancer screening behaviors.
2. Develop and test culturally and stage-tailored educational materials designed to improve screening use in this population.

Progress Report September 1, 2002 – August 31, 2003

II.1 Task 1. Develop culturally appropriate and stage-tailored Chinese language breast cancer educational materials (Months 1-6)

The P.I. has trained the project coordinator to identify Chinese-American women's cultural barriers to screening and misconception about breast cancer from previous studies, as well as reports, on Asian-American women. Information about barriers to screening was used to refine the existing Chinese educational materials

Specifically, key barriers to screening among Chinese women included an Eastern view of health care⁸⁻¹⁵ (such as diet balance and living habits), limited English ability^{11-12,16,17}, and insurance coverage^{13,16}. Those women emphasizing Eastern medicine are less associated with preventive care such as screening^{10,18} and are likely to hold a fatalistic view about getting cancer^{4,12,15,17}. We have adapted these barriers to develop culturally appropriate brochures. For example, in the introduction of the brochures, we emphasized that besides diet and exercise, regular breast cancer screening is one of the most important ways to take care of breast health. Women who have limited English ability can read our Chinese brochures to better understand breast cancer screening. We also listed numbers of phone lines that provide translation service in local mammography screening programs. Also, in the section of questions and answers (Q and A) at the end of the brochures, we encourage women to seek translation help from their friends and family or visit a doctor who can speak Chinese. For underinsured or uninsured women, we listed Medicare insurance information in the Q and A section as well as free and low-cost local screening programs on the last page of the brochures. For women who had a fatalistic view, they can read information from the brochures suggesting that cancer can be cured if it is detected at an early stage. (Please see samples of the brochures in appendix A).

Other barriers to screening in Chinese women are related to their knowledge and beliefs about breast cancer and screening^{4,8,14,18}. Chinese women thought that they are at low risk^{8,14}, that cancer is not curable^{4,15,17}, and that women with family history are more likely to develop breast cancer^{8,12}. They also thought that the amount of radiation from mammography would negatively affect the human body¹⁴ and that breast self-examination, clinical examination or another modality is comparable to mammography¹⁶. We incorporated these issues into our brochures. We included information concerning the chances of Chinese women getting breast cancer and stressed that every woman has a chance to get breast cancer. It is not subject to women with family history only. We emphasized that the amount of radiation from mammography will not cause negative effects on their bodies in the Q and A section as well as that mammography can find small lumps which cannot be found by self- and clinical-examination. In the brochure, we emphasized the American Cancer Society's guidelines of mammography screening for women aged 40 and older to stress the importance of regular screening.

Overall, we tailored Chinese women's experiences about mammography screening into three stages: never, ever, and regular. Women who never have a mammography are identified as never screeners. Women who have ever had one mammography, but lapse, and do not have a recent screening are seen as ever screeners. Women are regular screeners if they obtain mammography every year or within 1-2 years. We tailored messages in the brochures in order to target different barriers to screening. For example, in the never brochure, we used pictures to introduce what the specific steps of mammography screening are and why every woman should regularly obtain mammography. The brochure also indicated that cancer is curable. In the brochure targeted to ever screeners, we explained more about the differences between mammography and self/clinical examination. We stressed that previous normal results cannot ensure that breast cancer will never develop. For the regular brochure, we increased scientific knowledge about breast cancer and screening by addressing breast cancer detection and symptoms in more depth. We emphasized the benefits of screening and indicated how to obtain

assistance in language, transportation, and insurance in all the three brochures. Each brochure includes local low-cost or free mammography programs and the Q and A section.

II.2 Task 2. Prepare baseline assessment (Months 1-6)

We will conduct a baseline interview with older Chinese women prior to the brochure intervention. A draft of the baseline interview questionnaire was reviewed by Dr. Jeanne Mandelblatt (mentor of the P.I.) and was finalized along with recommendations from her. Two Chinese native speakers translated the questionnaire from English to Chinese and then two bilingual speakers (English and Mandarin) reviewed the translation to ensure the accuracy of translation. After the translation was successfully finished, we pre-tested a woman from the desired demographic group to examine whether she understood questions in the baseline surveys. The female interviewee fully understood each question. We then submitted the questionnaires (one English version and one Chinese version) to the Georgetown University Institutional Review Board (IRB) and finally received an approval (see Appendix B).

In months 5-6, we created a computer-assisted telephone interview (CATI) system for baseline interview. A programmer in the Cancer Control Program of Lombardi Cancer Center was in charge of the set-up of the CATI system. The P.I and the principal coordinator repeatedly examined and tested the CATI to ascertain the functioning of the CATI system. The P. I. also trained the principal coordinator to conduct interview by using the CATI. A training manual was used for the training and it was approved by the IRB.

II.3 Task 3. Recruit participants and conduct baseline assessment (Months 7-24)

Participant recruitment. We plan to recruit 250 Chinese women aged 50 and older through Chinese churches, senior centers, and community activities over 18 months. Our target for the first year (months 7-12) was about 80-85 completed interviews. Before the recruitment, we prepared English and Chinese consent forms to inform women about the purposes, methods, and benefits of this research as well as the confidentiality of their participation and responses (see Appendix C). We designed a flyer and distributed it in different Chinese restaurants, stores, and community centers (see Appendix D). We also announced our research recruitment in four Chinese newspapers and three newsletters (see Appendix E). These materials and announcements were also reviewed and approved by the IRB. During the recruitment, the principal coordinator contacted representatives of Chinese communities and obtained permission to recruit women in their locations and events. To date, we have approached about 310 women and obtained 150 women's consent forms. Most of these women were recruited from individual contact and face-to-face talk. A relatively low percentage of women responded to our announcement in the newspapers and newsletters. During the recruitment, we have visited eight Chinese community events, two senior centers, two retirement homes, and five churches to introduce our research project and recruit qualified women in the Washington DC metropolitan area. Women who are 50 and older and have lived in the U.S for more than one year are eligible for our study. Women who had mastectomies of both breasts are not eligible to participate.

Baseline interview. We are conducting baseline interviews with the consented women regarding their demographic information, use of medical resources, cultural views about cancer

and health, knowledge about cancer screening, and screening history. It generally takes 45 to 60 minutes to complete the baseline interview with a woman. In the baseline survey, we do not include questions about women's health status. The questions are moved to post-intervention survey because the baseline survey is too long and women's health status won't change a lot between the two survey points. Approximately 80 women have been interviewed at the current stage. Based on responses from these interviewed women, we slightly revised some wording of questions in order to make the questions more understandable and readable. We are still recruiting women from different Chinese community activities and conducting interviews with women who have signed consent forms. The recruitment and baseline interviews are continuing into the second year of this research.

III. Key Research Accomplishments

- ☐ Identified cultural and language barriers to breast cancer screening in Chinese women from previous studies
- ☐ Adapted these barriers to refine culturally stage-tailored Chinese breast cancer brochures
- ☐ Finalized the baseline interview questionnaire and translated it into Chinese
- ☐ Set up a computer-assisted telephone interview system (CATI) for collecting baseline data
- ☐ Prepared materials for recruiting older Chinese women (age 50 or over) to participate in the proposed study
- ☐ Recruited qualified women from Chinese communities in the Washington DC area and built up a strong relationship with Chinese communities.
- ☐ Conducted an in-depth baseline interview with 80 women who have signed consent forms.
- ☐ Used women's responses from the baseline interview to refine wording of questions in the baseline questionnaire.
- ☐ Edited the culturally stage-tailored Chinese breast cancer brochures based on preliminary interview data and suggestions from senior researchers.

VI. Reportable Outcomes

We are currently collecting data from baseline interview. This report does not include reportable results, as we are still checking the data and there are no analyzed results at the current stage. Final analysis of the baseline data will be summarized in the next progress report and will be written in the form of abstracts and manuscripts for presentation and publications in the second year of this current study.

- Based on preliminary information from the current baseline interview data, a grant proposal (Education Video to promote mammography use in Chinese women) was submitted to the Susan G. Komen Foundation for the National Race for the Cure in August 2003.
- The P.I. attended the annual meeting of the American Society of Preventive Oncology held in Philadelphia in March 2003 to meet with cancer control researchers and gather updated knowledge and research methods in the cancer control field from presentations and discussions. This award supported this training opportunity.
- The P.I. also attended the annual meeting of the Susan G. Komen Foundation held in Washington DC area in June 2003, to learn innovative ideas about breast cancer research and effective prevention programs.

V. Conclusions

All the tasks proposed in year one of this project have been completed. The ongoing baseline interview and refinement of the brochures will provide the foundation for successfully conducting a randomized trial in the following two years. After the baseline interview, these participating women will be divided into a control group and an intervention group. Chinese women in the intervention group will receive a Chinese breast cancer brochure targeted to their screening stage based on information from the baseline survey. Women in the control group will only receive a flyer with a general introduction of breast cancer and screening. A follow-up interview will be administered to all participating women. It is hypothesized that Chinese women who hold a Chinese view of health and have language barriers are less likely to obtain breast cancer screening than those who hold a Western view of health and do not have language barriers. It is also hypothesized that it will be more likely to increase the intention to obtain a mammography in the brochure intervention group than those in the control group.

Our current data collection will provide preliminary firsthand information about Chinese women in the Washington DC metropolitan area. Note that previous research and programs had never targeted Chinese women in this area. Results from the baseline and intervention data will contribute to effective community-based education in promoting breast cancer screening in this understudied population. Through the project work in the first year, the P.I. has built up a strong relationship with community members and senior women and has strengthened her knowledge about breast cancer and preventive research. All of these are valuable for the P.I.'s future research plans and career development in becoming an independent cancer control scientist.

References

1. SEER web site. [online] Available: <http://www.seer.ims.nci.nih.gov/About SEER.html>
2. Lillie-Blanton M, Rushing OE, and Ruiz S. Race, ethnicity & medical care, 2003, Kaiser Family Foundation.
3. Kagawa-Singer M, and Pourat, N. 2000. Asian American and Pacific Islander breast and cervical carcinoma screening rates and healthy people 2000 objectives. *Cancer* 89(3): 696-705.
4. Yu MY, Hong OS, and Seetoo AD. 2003. Uncovering factors contributing to under-utilization of breast cancer screening by Chinese and Korean women living in the United States. *Ethnicity & Disease* 13: 213-219.
5. Kagawa-Singer M, and Pourat N. 2000. Asian American and Pacific Islander breast and cervical carcinoma screening rates and healthy people 2000 objectives. *American Cancer Society* 89 (3): 696-705.
6. Hedeem AN, White E, and Taylor V. 1999. Ethnicity and birthplace in relation to tumor size and stage in Asian American women with breast cancer. *Am J. Public Health* 89(8): 1248-52.
7. Lin SS, Clarke CA, Prehn AW, Glaser, SL., West, DW., and O'Malley, CD. 2002. Survival Differences among Asian subpopulations in the United States after Prostate, Colorectal, Breast, and Cervical Carcinomas. *Cancer* 94(4):1175-82.
8. Facione NC, Giancarlo C, and Chan L. 2000. Perceived risk and help-seeking. *Ca Nurse* 23 (4): 258-67.
9. Kagawa-Singer M. 1998. Cancer and Asian American Culture. *Asian Am Pac Isl J Health* 6(2): 383-399.
10. Ma GX. 1999. Between two worlds; use of traditional and western health. *J Comm Health* 24, 421-437.
11. Ma GX. 2000. Barriers to the use of health services by Chinese Americans. *J of Allied Health* 29, 64-70.
12. Liang, W. 2003. How Chinese American women view health and cancer screening? Unpublished data.
13. Sun A, Zhang J, Tsoh JY, and McPhee, S. 2003. Presentation at the 2003 Komen national meeting. Unpublished data.
14. Tang TS, Solomon LJ, and McGracken LM. 2000. Cultural barriers to mammography, clinical breast examination, and breast self-examination among Chinese-American women 60 and older. *Prev Med* 2000; 31 (5): 575-583.

15. Straughan PT, Seow A. 2000. Attitudes as barriers in breast screening: a prospective study among Singapore women. *Social Science & Medicine* 51:1695-1703.
16. Tu SP, Yasui Y, Kuniyuki AA, Schwartz SM, Jackson JC, Hislop JG, and Taylor V. 2003. Mammography screening among Chinese-American women. *Cancer* 97 (5): 1293-1302.
17. Hoeman SP, Ku YL, Ohl DR. 1996. Health beliefs and early detection among Chinese women. *Western Journal of Nursing Research* 18 (5): 518 - 533.
18. Yu ES, Kim KK, Chen EH, and Brintnall RA. 2001. Breast and cervical cancer screening among Chinese women. *Ca Pract.* 9(2): 81-91.

Appendix A

Breast Cancer Brochures

(English and Chinese)

Intervention group:

1. Have you ever had a mammogram?
(Stage: never screened)
2. It's time for a mammogram.
(Stage: ever screened)
3. Keep getting regular mammograms
(Stage: regularly screened)

Control group:

4. Breast cancer: Facts for older Chinese women



Staying Healthy: Tips for Chinese Women

Have you ever had a mammogram?



Photographer: Kenny Wu

Have you ever had a mammogram?



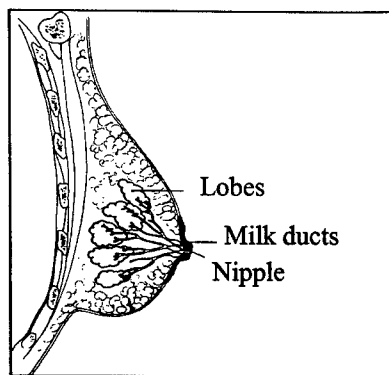
Staying Healthy: Tips for Chinese Women

Bodily pain and illness cause much trouble of us who are over middle age. To be healthy, we should consider the maintenance of our bodies as the first and most important thing. We all know that exercise and diet are important for maintaining our health. Simple exercise, such as taking an early morning walk in the fresh air, can increase physical strength and slow the aging process. A balanced diet with fresh fruits and vegetables is also important. In addition, having a joyful spirit can improve our health. Cultivating interests and hobbies can keep us cheerful and worry-free.

For women over middle age, it is important to maintain the health of breasts. Breast cancer is the most common cancer among Chinese American women. "What is breast cancer?" or "How scary is it?" Let's learn about breast cancer...

What is Breast Cancer?

Breast cancer develops when normal breast cells from milk ducts or lobes start to grow out of control. Cancerous cells can spread to other organs and endanger your life.



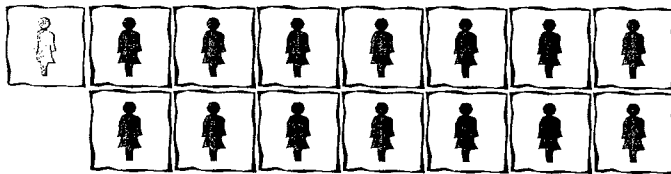
From: National Cancer Institute

Have you ever had a mammogram?



Chances of Getting Breast Cancer

- Breast cancer is the most common cancer among Chinese women living in the U.S.
- Women who come from Asia and now live in the U.S. are more likely to get breast cancer than those who live in their home countries.
- The chance of getting breast cancer increases with age.
- One out of fifteen Chinese women will get breast cancer in her lifetime.



How to Detect Breast Cancer?

If you discover lumps or any changes in your breasts at any time, you should contact your doctor as soon as possible. But checking your own breasts is not enough, because we can not feel small lumps or lumps deep in the breasts. The American Cancer Society recommends that women over the age of forty should receive a mammogram and clinical breast examination once a year.

Breast Cancer Can Be Cured.

Every woman faces the risk of getting breast cancer. However, breast cancer is not scary at all! There is a Chinese saying that goes, "Victory is expected in all battles if you know your enemy as well as yourself." The key to fighting breast cancer is early detection and early treatment. Breast cancer can be cured if detected early enough.

Have you ever had a mammogram?



Comparison of Lump Size Found by Mammograms and Breast Self Examinations



Average size of lump found by
annual mammograms



Average size of lump found by women
performing regular breast self-examinations

Why Do We Need to Have a Mammogram ?

- It can assure us that we are healthy and will not be a burden to our family.
- Early stage breast cancer shows no symptoms.
- Mammograms can detect lumps that we can not feel.
- We can enjoy the benefits of early detection and early treatment.

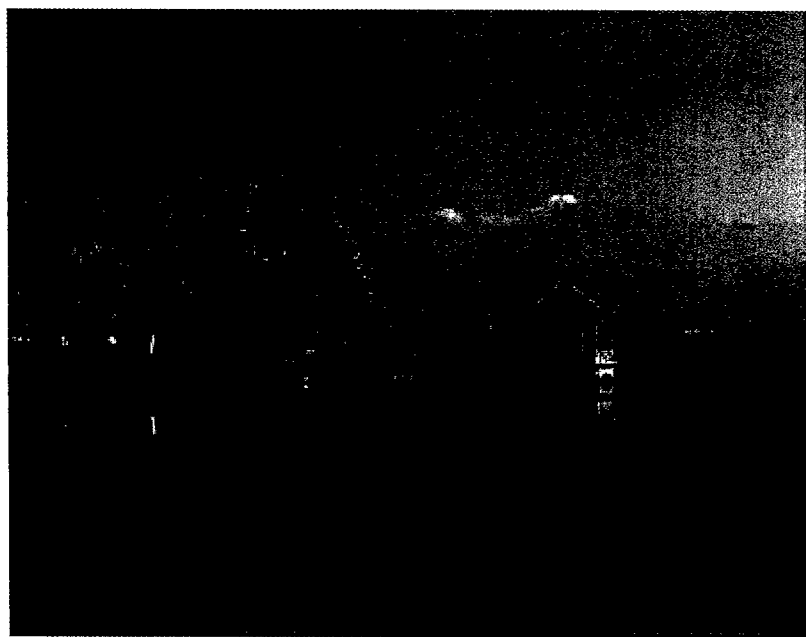
Benefits of Early Detection and Early Treatment

- Early stage breast cancers can be totally removed by surgery in a doctor's office. There is no need for hospitalization or general anesthesia.
- Finding cancer early and treating it will prevent the spread of the cancer.
- Early stage cancers can be cured.
- Early stage cancers incur less medical expense, which helps minimize psychological and economic burdens to family members and friends.



活出健康： 給華人婦女的秘訣

您曾經做過乳房攝影檢查嗎？



攝影：吳建賢

您曾經做過乳房攝影檢查嗎？



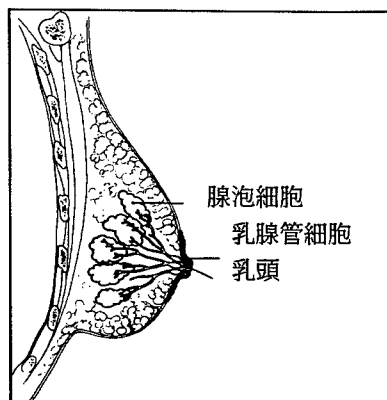
活出健康：給華人婦女的秘訣

人過中年以後，最麻煩的就是病痛纏身。要讓自己活得健康，首先便要做好保健的工作。我們都知道運動和飲食非常重要。簡單的運動，像是清晨到戶外走走，呼吸新鮮空氣，長久下來可以增強體力，減慢老化的過程。飲食方面要均衡，多吃新鮮的水果和蔬菜。另外，要常常保持愉快的心情。培養一些嗜好，使我們開心，減少憂慮。

對中年以上的婦女而言，乳房的保健也是非常重要的。乳癌是華人婦女中最常見的癌症。乳癌到底是什麼？它有什麼可怕？接著就讓我們來認識乳癌...

什麼是乳癌？

乳癌是因乳房內的細胞(腺泡細胞或乳腺管細胞)發生不正常的增加或分裂所產生的惡性腫瘤。乳房的癌細胞可能轉移到身體的其他器官，造成生命的危險。



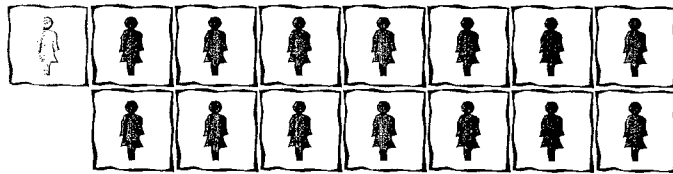
圖片來源：國家癌症研究院

您曾經做過乳房攝影檢查嗎？



罹患乳癌的機率

- 乳癌是住在美國的華人婦女中最常見的癌症
- 住在美國，來自亞洲的婦女得到乳癌的機率比住在亞洲本土的女性高
- 年紀越大，得到乳癌的機率也越大
- 每十五位華人婦女當中，有一位會罹患乳癌



如何發現乳癌？

任何時候如果發現乳房有硬塊或任何改變，要儘早和醫師聯絡。自己檢查乳房是不夠的，我們可能忽略了摸不到或在乳房深處的腫瘤。美國防癌協會建議四十歲以上的婦女應該每年接受一次乳房攝影檢查和臨床乳房檢查。

乳癌是可以治癒的

每個婦女都可能得到乳癌。但是，乳癌一點也不可怕！中國人說：「知己知彼，百戰百勝」。對付乳癌最重要的一步，就是早期發現、早期治療。早期發現的乳癌是可以被治癒的。

您曾經做過乳房攝影檢查嗎？



乳房攝影檢查和自我乳房檢查所發現腫瘤的大小



每年一次乳房攝影檢查所能發現腫瘤的大小



女性規律自我乳房檢查所能發現腫瘤的大小

為什麼要做乳房攝影檢查？

- 可以確保我們的健康，不會成為家人的負擔
- 早期的乳癌沒有任何徵兆
- 乳房攝影檢查可以偵測到自己無法觸摸到的腫瘤
- 享受早期發現、早期治療的好處

早期發現早期治療的好處

- 早期乳癌腫塊可用門診手術切除，不需要住院或使用全身性麻醉
- 可以預防癌症的蔓延
- 小型的乳癌在早期可以完全被治癒
- 降低醫療花費，減少親友心理上和經濟上的負擔



Staying Healthy: Tips for Chinese Women

It's time for a mammogram



It's time for a mammogram



Staying Healthy: Tips for Chinese Women

As we grow older, we are not as active as we used to be. But, we are still “young at heart.” As we mature, we can control our lives and take better care of our health. The first step towards staying healthy is maintaining an open mind, having a positive outlook, and getting involved in activities that are beneficial to our body and soul.

Regular exercise and a balanced diet with fresh fruits and vegetables can increase our strength and slow the aging process. In addition, women should be aware of breast cancer. If you have not had your mammogram for more than a year, it is time for you to have one again now. Normal results from only one mammogram do not guarantee that we will always be free from breast cancer.

The Chinese often say: “Health is more important than money.” Regular mammograms are necessary for pursuing a happy life. Only when we are healthy can our family and career flourish.

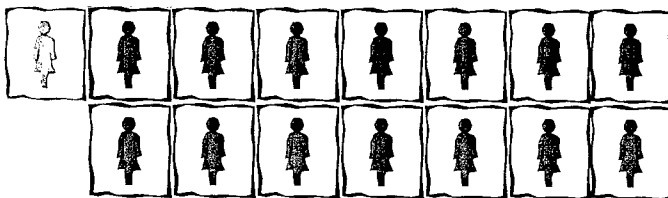
Breast cancer is the most common cancer for women living in the US. This brochure provides information about finding breast cancer early. We hope you keep up the habit of getting regular mammograms.

It's time for a mammogram



Chances of Getting Breast Cancer

- Breast cancer is the most common cancer among Chinese women living in the U.S.
- Women who come from Asia and now live in the U.S. are more likely to get breast cancer than those who live in their home countries.
- The chance of getting breast cancer increases with age.
- One out of fifteen Chinese women will get breast cancer in her lifetime.



How to Detect Breast Cancer?

When breast cancer first develops, there may be no symptoms at all. As the cancer grows, it can cause changes in women's breasts. If you discover a lump or any changes in your breasts at any time, you should contact your doctor as soon as possible. Generally, the ways to detect breast cancer include:

- **Breast self-examination.** Self-examination of breasts is not enough because it is possible to miss lumps that are too small or are deep in the breasts.
- **Clinical breast examination.** Doctors or nurses do breast examination. It is still possible to miss lumps deep in the breasts.
- **Mammography.** It can detect cancers before you can even feel or see anything wrong.

It's time for a mammogram




How Often Should I Have a Mammogram?

The American Cancer Society recommends that women over the age of forty should have a mammogram and clinical breast examination once a year for the rest of their lives.

Why Do I Need Regular Mammograms?

- We don't know who will get cancer.
- Regular mammograms can detect cancer when it is very small and can be cured.
- ☐ Average size of lump found by annual mammograms
- ☐ Average size of lump found by women performing regular breast self-examinations
- Previous normal mammography results only tell you that things were O.K. then. Breast cancer can start at any time and is more likely to develop as you get older.
- Regular mammograms:
 - can assure the health of your breasts on a regular basis
 - can detect cancer at the early stage and increase the chance of cure. Early detection of breast cancer benefits patients with more choices about treatment.



活出健康： 給華人婦女的秘訣

做乳房攝影檢查的時候到了



做乳房攝影檢查的時候到了



活出健康：給華人婦女的秘訣

隨著年紀的增長，我們的身體已不如年輕的時候活躍。但俗話說：「人老心不老」。我們的心靈比以往更成熟，應該更能掌握自己的生活。保持一顆年輕開放的心，積極嘗試各項有益身心的活動，是邁向健康的第一步。

我們知道定期做運動，保持飲食的均衡，多吃蔬菜水果，可以增強體力，減慢老化的過程。女性在乳房的保健方面也需要下功夫。假如您有一年以上未做乳房攝影檢查，現在是您再做檢查的時候了。乳房攝影檢查是目前最經濟又好的偵測乳癌的方法，但它並不是「一勞永逸」的檢查。做過一次檢查而結果正常，並不能保證我們永遠對乳癌免疫了。

我們常說：「健康就是財富」，定期做乳房攝影檢查保健乳房的健康，是我們在追求幸福美滿的生活中必要的行動。我們有健康，我們的家庭和事業才能更穩定的成長。

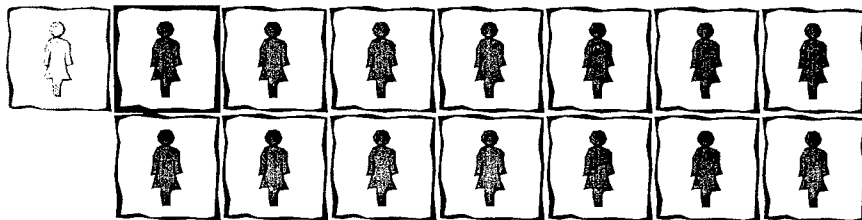
對住在美國的婦女而言，乳癌是最常見的癌症。這份手冊提供您關於發現乳癌的資訊，希望您保持定期做檢查的好習慣。

做乳房攝影檢查的時候到了



罹患乳癌的機率

- 乳癌是住在美國的華人婦女中最常見的癌症
- 住在美國，來自亞洲的婦女得到乳癌的機率比住在亞洲本土的女性高
- 年紀越大，得到乳癌的機率也越大
- 每十五位華人婦女當中有一位會罹患乳癌



如何發現乳癌？

當乳癌開始形成時，它可能沒有症狀。但隨著時間的增長，乳癌會造成女性乳房的異常。任何時候如果發現乳房有硬塊或任何改變，要儘早和醫師聯絡。

一般發現乳癌的方法有：

- 乳房自我檢查：目前只靠自己檢查乳房是不夠的，因為可能忽略了摸不到或在乳房深處的腫瘤。
- 臨床乳房檢查：由醫師或護士做檢查，但還是有可能忽略在乳房深處的腫瘤。
- 乳房攝影檢查：它可以在您感覺或看到乳房的變化之前就偵測到乳癌。

做乳房攝影檢查的時候到了



應該多久接受一次乳房攝影檢查？

- 美國防癌協會建議四十歲以上的婦女應該每年接受一次乳房攝影檢查和臨床乳房檢查

為什麼要定期接受乳房攝影檢查？

- 我們不知道誰或什麼時候會得到癌症
- 定期的乳房攝影檢查可以偵測到較小又可治癒的腫瘤



每年一次乳房攝影檢查所能發現腫瘤的大小



女性規律自我乳房檢查所能發現腫瘤的大小

- 過去正常的乳房攝影檢查結果只能代表當時沒有問題。乳癌隨時都可能發生，尤其在我們年紀愈大的時候後更容易發生。
- 定期乳房攝影檢查可以：
 - 定期確保乳房的健康
 - 偵測到早期的乳癌，增加治癒的機會，並且對治療方法可以有比較多的選擇



Staying Healthy: Tips for Chinese Women

Keep getting regular mammograms



Keep getting regular mammograms



Staying Healthy: Tips for Chinese Women

The Chinese often say: "Health is more important than money." Only when we are healthy can our family and career flourish. Therefore, taking care of our body is important for living a happy and beautiful life.

In the U.S., breast cancer is the most common cancer for women over 40 years old. The chance of getting breast cancer increases as we get older. It is very important to discover breast cancer as early as possible, so we can cope with it at an early stage. It is easy to cure early stage breast cancer and stay healthy.

It is wonderful that you have been getting regular mammograms and that the results have been normal. But previous normal results do not guarantee that you will not get breast cancer. Breast cells can change any time. Regular mammograms help find the earliest changes leading to breast cancer, before you can even feel a lump.

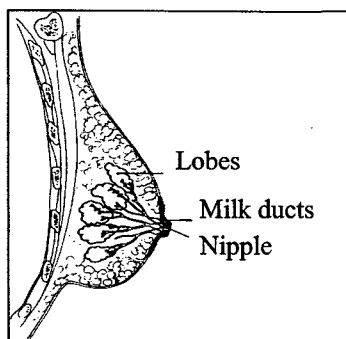
This brochure is to help you keep up the good habit of getting regular mammograms. You will invest only a little, but gain a lot in return.

Keep getting regular mammograms



What is Breast Cancer?

Breast cancer develops when normal breast cells from milk ducts or lobes start to grow out of control. Cancerous cells can spread to other organs and endanger your life.



From: National Cancer Institute

Chances of Getting Breast Cancer

- Breast cancer is the most common cancer among Chinese women living in the U.S.
- Women who come from Asia and now live in the U.S. are more likely to get breast cancer than those who live in their home countries.
- The chance of getting breast cancer increases with age.
- One out of fifteen Chinese women will get breast cancer in her lifetime.



Keep getting regular mammograms

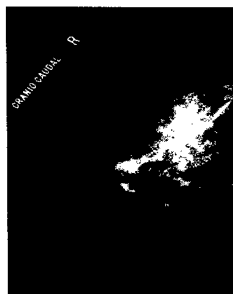


Why Do I Need Regular Mammograms?

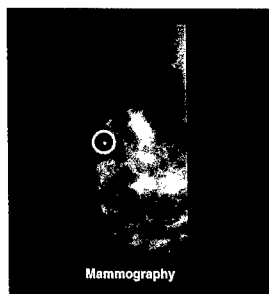
- Every woman can get breast cancer. It is not only limited to women who have breast cancer in their families.
- Breast cancer can start at any time. Previous normal mammography results do not mean that you will not get breast cancer in the future.
- The American Cancer Society recommends that women over the age of forty should have a mammogram and clinical breast examination once a year for the rest of their lives.

The Value of Regular Mammograms

- Average size of lump found by annual mammograms
- Average size of lump found by women checking their breasts regularly
- Regular Mammograms use a very low amount of x rays to detect tiny lumps that you cannot feel yet.



Normal



Abnormal



活出健康： 給華人婦女的秘訣

保持定期做乳房攝影檢查



保持定期做乳房攝影檢查



活出健康：給華人婦女的秘訣

我們常說：「健康就是財富」。健康的身體會使我們的家庭和事業更穩定的發展。所以照顧自己身體的健康是我們在追求美滿幸福的生活中非常重要的。

對住在美國中年以上婦女而言，乳癌是最常見的癌症，愈年長的婦女得到乳癌的機率愈高。及早發現乳癌是十分重要的。愈早發現乳癌，愈容易治癒乳癌，使身體保有健康。

首先恭喜您有定期做乳房攝影檢查的好習慣而且結果都正常。但正常的結果並不表示您對乳癌免疫了。乳房內的細胞隨時都可能發生變化。定期的乳房攝影檢查幫助您在感覺到乳房有腫塊之前，就及早發現那些會導致乳癌的變化。

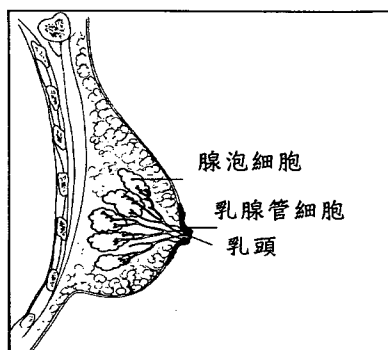
這份手冊幫助您保持定期做乳房攝影檢查的好習慣。定期做乳房攝影檢查是「投資少、獲利多」維護乳房健康的最佳方法。

保持定期做乳房攝影檢查



什麼是乳癌？

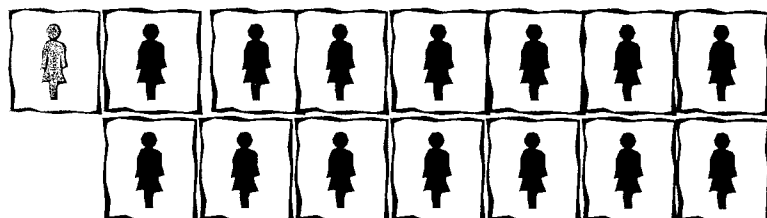
乳癌是因乳房內的細胞(腺泡細胞或乳腺管細胞)發生不正常的增加或分裂所產生的惡性腫瘤。乳房的癌細胞可能轉移到身體的其他器官，造成生命的危險。



圖片來源：國家癌症研究院

罹患乳癌的機率

- 乳癌是住在美國的華人婦女中最常見的癌症
- 住在美國，來自亞洲的婦女得到乳癌的機會比住在亞洲本土的女性高
- 年紀越大，得到乳癌的機會也越大
- 每十五位華人婦女當中，有一位會罹患乳癌



保持定期做乳房攝影檢查



為什麼要定期接受乳房攝影檢查？

- 每個婦女都可能得到乳癌。並非只有家族有乳癌病史的人才會得到乳癌。
- 乳癌隨時都可能發生。以前乳房攝影檢查正常的結果並不表示再也不會得到乳癌。
- 美國防癌協會建議四十歲以上的婦女，應該每年接受一次乳房攝影檢查和臨床乳房檢查。

乳房攝影檢查的優異性

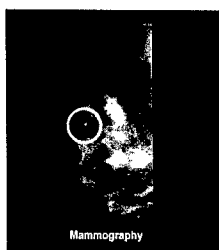
○ 每年一次乳房攝影檢查所能發現腫瘤的大小

○ 女性規律自我乳房檢查所能發現腫瘤的大小

- 定期乳房攝影檢查使用少量的X光偵測出我們不能覺察到的極小的腫塊。



正 常



異 常

圖片來源：國家癌症研究院

保持定期做乳房攝影檢查

乳癌的症狀

當乳癌開始形成時，它可能完全沒有症狀。但隨著時間的增長，乳癌會造成女性乳房的異常。這些異常的症狀包括有：

- 在乳房附近或腋下的區域有結塊或變厚的現象
- 乳房的大小或形狀的改變
- 乳頭有分泌物，或觸摸會痛，或向內部凹陷
- 乳房的皮膚變得紅腫發熱，或皺摺像橘子皮一樣



定期乳房攝影檢查可以在您感覺或看到乳房任何異狀之前發現癌症。早期的乳癌可以被治癒。

您的乳房攝影檢查時間表

	2003	2004	2005	2006
月/日/時				
醫生姓名:				
聯絡電話:				
檢查地點:				

保持定期做乳房攝影檢查

常見的問題與回答：

我前幾年已經做過乳房攝影檢查，一切也都正常。我現在還需要再做檢查嗎？

這是絕對有必要的。

- 乳房攝影檢查需要一年一次以偵測乳房是否有變化或腫塊
- 乳房攝影檢查不能預測未來癌細胞是否會形成

我家中沒有人得過乳癌。我仍需要做乳房攝影檢查嗎？

這是絕對有必要的。

- 絕大多數的乳癌患者家中都沒有人得過乳癌
- 年紀越大，得到乳癌的機率也越大

以前我有保險，做乳房攝影檢查不花什麼錢。現在我沒有保險，恐怕無法支付這樣昂貴的檢查了。

- 如果您是六十五歲以上、有聯邦醫療保險(Medicare)者，該保險會幫您給付每年一次乳房攝影檢查的大部份費用。您可撥1-800-633-4227詢問詳情，並可索取中文手冊。
- 如果您沒有聯邦醫療保險，在您住家的社區可能有免費或低收費的乳房攝影檢查計劃(請參閱本冊末頁)。

乳房攝影檢查不是有放射性嗎？我怕常常檢查反而會得乳癌耶！是這樣的嗎？

一次乳房攝影檢查所接受的放射量很低。這樣的劑量不足以造成乳癌。

保持定期做乳房攝影檢查

我覺得每年都做乳房攝影檢查很麻煩，偶爾檢查一次就夠了嘛！而且我不想給我的孩子們添麻煩。

- 乳房攝影檢查並不費時間
- 一年一次是應該養成的好習慣
- 一時懶惰而危害自己的健康並不值得
- 我們的健康是家人的福氣

每個人體內不是都有癌症細胞，有的人會發作，有的人不會，這是沒有辦法控制的，不是嗎？

- 一般人的體內並沒有癌細胞
- 現代女性不能靠「好運氣」而活。我們應當利用乳房攝影檢查來幫助我們確保自己的健康，或在乳癌初期時發現它，進而戰勝它
- 早期發現的乳癌是可以治癒的



我們的健康是家人的福氣

哪裡可以做低收費或免費的乳房攝影檢查：

● 馬里蘭州(Maryland)

*海華郡(Howard County): ☎410-313-2333 或1-866-313-6300

*蒙哥馬利郡(Montgomery County): ☎240-777-1750 有會說各種語言的醫師

*喬治王子郡(Prince George's County): 301-883-3525

條件：50歲以上住在該郡的低收入戶居民、沒有保險者或保險不給付者。可打電話查詢中文翻譯服務。

Shady Grove放射線中心(Shady Grove Radiology)

☎301-590-8999

\$135 需要醫師轉診介紹

● 華盛頓特區 (District of Columbia)

*希望計畫(Project WISH-Women Into Staying Healthy)

☎202-898-0061(中文專線) 提供接送及翻譯服務

條件：華盛頓特區的居民、沒有保險或僅有Medicare A者

*喬治華盛頓大學乳房護理中心 ☎202-994-9999

(GWU Breast Care Center-Mobile Mammography Program)

條件：沒有保險或保險不給付者

*華盛頓醫院中心(Washington Hospital Center, Project FAME.) ☎202-877-3915

條件：四十歲以上沒有保險無症狀者，住在郵遞區號20009-12。

普洛威斯頓醫院 (Providence Hospital Wellness Institute)

☎202-269-7275

\$65 需要醫師轉診介紹

● 維吉尼亞州費郡(Fairfax County, Virginia)

(1) 北郡健康中心(North County Health Center-Reston) ☎703-689-2180

(2) 南郡健康中心(South County Health Center-Mount Vernon) ☎703-704-5333

(3) 貝里斯健康中心(Bailey's Health Center-Falls Church) ☎703-237-3446

條件：住在費郡至少九個月以上的低收入戶居民、沒有保險者或保險不給付者，依照收入不等付費。請打電話查詢中文翻譯服務。

INOVA 費郡醫院(INOVA Fairfax Hospital)

☎703-698-3161

\$120 需要醫師轉診介紹

*有星號者為免費 交通查詢專線(地鐵或公車)：202-637-7000

喬治城大學癌症防治中心

2233 Wisconsin Ave., N.W., Suite 440

Washington, D.C. 20007-4104

☎202-687-0155

2003年5月

(喬治城大學審閱會核准號碼:02-015)

贊助單位：蘇珊考門乳癌基金會 (The Susan G. Komen

Breast Cancer Foundation), 國家癌症研究院 (National

Cancer Institute), & 國防部乳癌研究基金 (Department

of Defense Breast Cancer Research Program)

Keep getting regular mammograms



Symptoms of Breast Cancer

When breast cancer first develops, there may be no symptoms at all. As the cancer grows, it can cause changes in women's breasts. These changes include:

- A lump or thickening in or near the breast or in the underarm area
- A change in the size or shape of the breast
- Nipple discharge or tenderness, or inversion of the nipple into the breast
- A change in the skin of the breast that looks or feels warm, swollen, red, or pitted like the skin of an orange



Regular mammograms are able to find cancers before you can feel them or see anything wrong. Breast cancer can be cured if detected early enough.

Your Schedule to Get Your Regular Mammograms

	2003	2004	2005	2006
Month/Day/ Time				
Physician:				
Phone Number:				
Place:				

Keep getting regular mammograms



Frequently Asked Questions and Answers:

I have been getting a mammogram every year and so for the results have been normal. Is it necessary to get regular mammogram?

It is absolutely necessary.

- Mammography needs to be done once a year to detect new changes or lumps in the breasts.
- Mammography cannot predict whether or not cancer cells will develop in the future.

No one in my family has had breast cancer. Do I still need to have a mammogram?

It is absolutely necessary.

- The majority of breast cancer patients have no one in their family with breast cancer.
- The chance of getting breast cancer increases with age.

When I was insured, I could afford regular mammograms, but I have no insurance now, and I am afraid that I cannot pay for such an expensive test.

- If you are 65 years or older and have Medicare insurance, Medicare will pay for your yearly mammograms. You can dial 1-800-633-4227 for more detailed information to request a Chinese brochure.
- If you do not have Medicare, it is possible to get cheaper or free examinations near your home (see last page).

Doesn't mammography use radiation? I'm afraid if I do it too often, I will actually get breast cancer. Is this true?

The amount of radiation from one mammography is very low. This dosage is too low to cause breast cancer.

Keep getting regular mammograms



I feel that having annual mammograms will cause a lot of trouble. It should be enough to have a mammogram once a while. I don't want to be a burden to my children.

- It is not time consuming to have a mammogram.
- It is a good habit to have annual mammograms.
- It is not worth jeopardizing our health due to laziness.
- Staying healthy is also a blessing to our family.

I thought everybody has cancer cells in his/her body. Some people end up getting cancer, and some just don't. It is not something we can control. Is this right?

- People don't regularly have cancer cells in their bodies.
- Modern women like us should not let the idea of "luck" or "fate" control our actions. Instead, we should take advantage of mammography technology to detect breast cancer at an early stage and overcome it.
- Breast cancer can be cured if detected early.



Staying healthy is a blessing to our family

Places for Low-Cost or Free Mammograms:

● Maryland

*Howard County: ☎410-313-2333 or 1-866-313-6300

*Montgomery County: ☎240-777-1750

*Prince George's County: ☎301-883-3525

For: Aged 50 years and older who are low income or uninsured/under-insured and live in these counties. Call to ask for translation service.

Shady Grove Radiology ☎301-590-8999 \$135 Doctor referral needed

● District of Columbia (Washington, DC)

*Project WISH-Women Into Staying Healthy ☎202-898-0061 (Chinese line)

Transportation and translation services are available

For : D.C. residents, uninsured or having Medicare A only

*George Washington University Breast Care Center

Mobile Mammography Program ☎202-994-9999

For : Uninsured or under-insured

*Washington Hospital Center, Project FAME. ☎202-877-3915

For : Uninsured, aged 40 and older living in areas with zip codes 20009-12.

Providence Hospital Wellness Institute

☎202-269-7275 \$65 Doctor referral needed

● Fairfax County, Virginia:

(1) North County Health Center-Reston ☎703-689-2180

(2) South County Health Center-Mount Vernon ☎703-704-5333

(3) Bailey's Health Center-Falls Church ☎703-237-3446

For: Low income Fairfax county residents (must have lived in Fairfax county for at least 9 months) who are uninsured or under-insured; Payment depends on income level. Please call to ask for translation service.

INOVA Fairfax Hospital ☎703-204-3366 \$120 Doctor referral needed

*free services available For metro or bus information, call 202-637-7000



Georgetown University Medical Center
Cancer Control Program
2233 Wisconsin Ave., N.W., Suite 440
Washington, D.C. 20007-4104
☎202-687-0155
05/2003

Materials approved by Georgetown University
IRB # 02-015

Sponsors: The Susan G. Komen Breast Cancer
Foundation, The National Cancer Institute,
& The Department of Defense Breast
Cancer Research Program

做乳房攝影檢查的時候到了



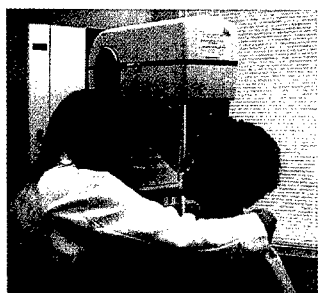
保持一年一次乳房攝影檢查的好習慣



打電話預約：檢查前一兩個月，
打電話給家庭醫師或地方服務單
位預約乳房攝影檢查的時間。



臨床乳房檢查：醫師或護士會用
手指檢查乳房和腋下的淋巴腺，
查看是否有腫塊。



乳房攝影檢查：技術人員把乳房
夾在塑膠片當中壓平，利用X光偵
測腫塊。



預約明年檢查的時間：拿到檢查
結果以後寫下明年檢查的時間：

年/月/日: _____

醫生姓名: _____

聯絡電話: _____

做乳房攝影檢查的時候到了



常見的問題與回答：

我前幾年已經做過乳房攝影檢查，一切也都正常。我現在還需要再做檢查嗎？

這是絕對有必要的。

- 乳房攝影檢查需要一年一次以偵測乳房是否有變化或腫塊
- 乳房攝影檢查不能預測未來癌細胞是否會形成

我家中沒有人得過乳癌。我仍需要做乳房攝影檢查嗎？

這是絕對有必要的。

- 絕大多數的乳癌患者家中都沒有人得過乳癌
- 年紀越大，得到乳癌的機會也越大

乳房攝影檢查不是有放射性嗎？我怕常常檢查反而會得乳癌耶！是這樣的嗎？

一次乳房攝影檢查所接受的放射量很低。這樣的劑量不足以造成乳癌。

我覺得每年都做乳房攝影檢查很麻煩，偶爾檢查一次就夠了嘛！而且我不想給我的孩子們添麻煩。

- 乳房攝影檢查並不費時間
- 一年一次是應該養成的好習慣
- 一時懶惰而危害自己的健康並不值得
- 我們的健康也是家人的福氣

做乳房攝影檢查的時候到了



我好怕痛啊！

乳房攝影檢查並不痛，只是有些不舒服。整個過程僅有一兩分鐘，短暫的不適換來乳房健康的保證是值得的。

我怕難為情！

您可以選擇女醫師和專業人員進行檢查，以避免尷尬的情況發生。

每個人體內不是都有癌細胞，有的人會發作，有的人不會，這是沒有辦法控制的，不是嗎？

- 一般人的體內並沒有癌細胞
- 現代女性不能靠「好運氣」而活。我們應當利用乳房攝影技術來幫助我們確保自己的健康，或在乳癌初期時發現它，進而戰勝它
- 早期發現的乳癌是可以治癒的



我們的健康是家人的福氣

哪裡可以做低收費或免費的乳房攝影檢查：

● 馬里蘭州 (Maryland)

*海華郡(Howard County): ☎410-313-2333 或1-866-313-6300

*蒙哥馬利郡(Montgomery County): ☎240-777-1750 有會說各種語言的醫師

*喬治王子郡(Prince George's County): ☎301-883-3525

條件：50歲以上住在該郡的低收入戶居民、沒有保險者或保險不給付者。可打電話查詢中文翻譯服務。

Shady Grove放射線中心(Shady Grove Radiology)

☎301-590-8999

\$135 需要醫師轉診介紹

● 華盛頓特區 (District of Columbia)

*希望計畫(Project WISH-Women Into Staying Healthy)

☎202-898-0061(中文專線) 提供接送及翻譯服務

條件：華盛頓特區的居民、沒有保險或僅有Medicare A 者

*喬治華盛頓大學乳房護理中心 ☎202-994-9999

(GWU Breast Care Center-Mobile Mammography Program)

條件：沒有保險或保險不給付者

*華盛頓醫院中心(Washington Hospital Center, Project FAME.) ☎202-877-3915

條件：四十歲以上沒有保險無症狀者，住在郵遞區號20009-12。

普洛威斯頓醫院 (Providence Hospital Wellness Institute)

☎202-269-7275

\$65 需要醫師轉診介紹

● 維吉尼亞州費郡(Fairfax County, Virginia)

(1) 北郡健康中心(North County Health Center-Reston) ☎703-689-2180

(2) 南郡健康中心(South County Health Center-Mount Vernon) ☎703-704-5333

(3) 貝里斯健康中心(Bailey's Health Center-Falls Church) ☎703-237-3446

條件：住在費郡至少九個月以上的低收入戶居民、沒有保險者或保險不給付者，依照收入不等付費。請打電話查詢中文翻譯服務。

INOVA 費郡醫院(INOVA Fairfax Hospital)

☎703-698-3161

\$120 需要醫師轉診介紹

*有星號者為免費 交通查詢專線(地鐵或公車)：202-637-7000

喬治城大學癌症防治中心

2233 Wisconsin Ave. N.W., Suite 440

Washington, D.C. 20007-4104

☎202-687-0155

2003年5月

(喬治城大學審閱會核准號碼:02-015)

贊助單位：蘇珊考門乳癌基金會(The Susan G. Komen

Breast Cancer Foundation), 國家癌症研究院(National

Cancer Institute), & 國防部乳癌研究基金

(Department of Defense Breast Cancer Research Program)

It's time for a mammogram



Maintaining a Good Habit of Getting Annual Mammograms



Call and schedule an appointment: One or two months prior to your regular check-ups, call your family doctor or local screening service to make an appointment for a mammogram.



Clinical breast examination: Doctors or nurses check the breasts and lymph nodes under the arm with their fingers to feel any lumps.



Mammogram: A technician presses the breasts flat between two plastic plates to look for lumps using an x-ray.



Mark your schedule for next year: After receiving your mammography results, write down next year's screening time.

Year/Month /Day: _____

Physician: _____

Phone number: _____

It's time for a mammogram



Frequently Asked Questions and Answers:

I had a mammogram a few year ago, and everything turned out normal. Do I still need another mammogram?

It is absolutely necessary.

- Mammography needs to be done once a year to detect new changes or lumps in the breasts.
- Mammography cannot predict whether or not cancer cells will develop in the future.

No one in my family has had breast cancer. Do I still need to have a mammogram?

It is absolutely necessary.

- The majority of breast cancer patients have no family history of breast cancer.
- The chance of getting breast cancer increases with age.

I'm afraid of pain!

Mammography does not cause pain, only minor discomfort. The whole procedure takes only one to two minutes. It is worth dealing with the temporary discomfort in order to have the assurance of healthy breasts.

Doesn't mammography use radiation? I'm afraid if I do it too often, I will actually get breast cancer. Is this true?

The amount of radiation we receive from one mammography is very low. This dosage is too low to cause breast cancer.

I feel embarrassed!

You can choose female doctors and technicians to perform examinations to avoid any embarrassment.

It's time for a mammogram



I feel that having annual mammograms will cause a lot of trouble. It should be enough to have a mammogram once a while. I don't want to be a burden to my children.

- It is not time consuming to have a mammogram.
- It is a good habit to have annual mammograms.
- It is not worth jeopardizing our health due to laziness.
- Staying healthy is also a blessing to our family.

I thought everybody has cancer cells in his/her body. Some people end up getting cancer, and some just don't. It is not something we can control. Is this right?

- People don't regularly have cancer cells in their bodies.
- Modern women like us should not let the idea of "luck" or "fate" control our actions. We should, instead, take advantage of mammography technology to assure our health, or to detect breast cancer at an early stage and overcome it.



Staying healthy is a blessing to our family

Places for Low-Cost or Free Mammograms:

● Maryland

*Howard County: ☎410-313-2333 or 1-866-313-6300

*Montgomery County: ☎240-777-1750

*Prince George's County: ☎301-883-3525

For: Aged 50 years and older who are low income or uninsured/under-insured and live in these counties. Call to ask for translation service.

Shady Grove Radiology ☎301-590-8999 \$135 Doctor referral needed

● District of Columbia

*Project WISH-Women Into Staying Healthy ☎202-898-0061 (Chinese line)

Transportation and translation services are available

For : D.C. residents, uninsured or having Medicare A only

*George Washington University Breast Care Center

Mobile Mammography Program ☎202-994-9999

For : Uninsured or under-insured

*Washington Hospital Center, Project FAME. ☎202-877-3915

For : Uninsured, aged 40 and older living in areas with zip codes 20009-12.

Providence Hospital Wellness Institute

☎202-269-7275 \$65 Doctor referral needed

● Fairfax County, Virginia:

(1) North County Health Center-Reston ☎703-689-2180

(2) South County Health Center-Mount Vernon ☎703-704-5333

(3) Bailey's Health Center-Falls Church ☎703-237-3446

For: Low income Fairfax county residents (must have lived in Fairfax county for at least 9 months) who are uninsured or under-insured; Payment depends on income level. Please call to ask for translation service.

INOVA Fairfax Hospital ☎703-204-3366 \$120 Doctor referral needed

*free services available For metro or bus information, call 202-637-7000



Georgetown University Medical Center
Cancer Control Program
2233 Wisconsin Ave., N.W., Suite 440
Washington, D.C. 20007-4104

☎202-687-0155

05/20023

Materials approved by Georgetown University
IRB #02-015

Sponsors: The Susan G. Komen Breast Cancer
Foundation, The National Cancer Institute,
& The Department of Defense Breast
Cancer Research Program

您曾經做過乳房攝影檢查嗎？



乳房攝影檢查的步驟



打電話預約：打電話給家庭醫師
或地方服務單位預約檢查時間。
(請參看末頁您住家附近的服務
單位)



臨床乳房檢查：醫師或護士會用
手指檢查乳房和腋下的淋巴腺，
查看是否有腫塊。



乳房攝影檢查：技術人員把乳房
夾在塑膠片當中壓平，利用X光偵
測腫塊。



檢查結果：兩個禮拜內通常就能
得知結果，十分方便。

您曾經做過乳房攝影檢查嗎？

常見的問題與回答：

我一向都沒有病痛，也沒有看過醫生，更別提什麼乳房攝影檢查了。為什麼現在有這個需要？

- 沒有病痛不代表沒有疾病
- 早期的乳癌通常沒有徵兆，自我檢查常常不能發現

我家中沒有人得過乳癌。我仍需要做乳房攝影檢查嗎？

- 絕大多數的乳癌患者家中都沒有人得過乳癌
- 年紀越大，得到乳癌的機率也越大
不管家中是否有人曾罹患乳癌，我們都應該保持警覺，定期做好乳房攝影檢查。

我好怕痛啊！

乳房攝影檢查並不痛，只是有些不舒服。整個過程僅有一兩分鐘，短暫的不適換來乳房健康的保證是值得的。

我怕難為情！

您可以選擇女醫師和專業人員進行檢查，以避免尷尬的情況發生。

乳房攝影檢查不是有放射性嗎？我怕常常檢查反而會得乳癌耶！是這樣的嗎？

一次乳房攝影檢查所接受的放射量很低。這樣的劑量不足以造成乳癌。

您曾經做過乳房攝影檢查嗎？



我不會說英文怎麼辦？

- 請家裡會說英文的人或朋友幫忙
- 尋求有中文翻譯服務的單位協助（請參考末頁資料）
- 安排會說中文的醫師

我沒有車怎麼辦？

- 有些檢查單位提供接送服務（請參考末頁資料）
- 利用大眾交通工具（如：地鐵或公車）

每個人體內不是都有癌症細胞，有的人會發作，有的人不會，這是沒有辦法控制的，不是嗎？

- 一般人的體內並沒有癌細胞
- 現代女性不能靠「好運氣」而活。我們應當利用乳房攝影技術來幫助我們確保自己的健康，或在乳癌初期時發現它，進而戰勝它
- 早期發現的乳癌是可以治癒的



我們的健康是家人的福氣

哪裡可以做低收費或免費的乳房攝影檢查：

● 馬里蘭州(Maryland)

*海華郡(Howard County): ☎410-313-2333 或1-866-313-6300

*蒙哥馬利郡(Montgomery County): ☎240-777-1750 有會說各種語言的醫師

*喬治王子郡(Prince George's County): ☎301-883-3525

條件：50歲以上住在該郡的低收入戶居民、沒有保險者或保險不給付者。可打電話查詢中文翻譯服務。

Shady Grove放射線中心(Shady Grove Radiology)

☎301-590-8999

\$135 需要醫師轉診介紹

● 華盛頓特區 (District of Columbia)

*希望計畫(Project WISH-Women Into Staying Healthy)

☎202-898-0061(中文專線) 提供接送及翻譯服務

條件：華盛頓特區的居民、沒有保險或僅有Medicare A者

*喬治華盛頓大學乳房護理中心 ☎202-994-9999

(GWU Breast Care Center-Mobile Mammography Program)

條件：沒有保險或保險不給付者

*華盛頓醫院中心(Washington Hospital Center, Project FAME.) ☎202-877-3915

條件：四十歲以上沒有保險無症狀者，住在郵遞區號20009-12。

普洛威斯頓醫院 (Providence Hospital Wellness Institute)

☎202-269-7275

\$65 需要醫師轉診介紹

● 維吉尼亞州費郡(Fairfax County, Virginia)

(1) 北郡健康中心(North County Health Center-Reston) ☎703-689-2180

(2) 南郡健康中心(South County Health Center-Mount Vernon) ☎703-704-5333

(3) 貝里斯健康中心(Bailey's Health Center-Falls Church) ☎703-237-3446

條件：住在費郡至少九個月以上的低收入戶居民、沒有保險者或保險不給付者，依照收入不等付費。請打電話查詢中文翻譯服務。

INOVA 費郡醫院(INOVA Fairfax Hospital)

☎703-698-3161

\$120 需要醫師轉診介紹

*有星號者為免費 交通查詢專線(地鐵或公車)：202-637-7000



喬治城大學癌症防治中心

(喬治城大學審閱會核准號碼:02-015)

2233 Wisconsin Ave., N.W., Suite 440

贊助單位：蘇珊考門乳癌基金會(The Susan G. Komen

Washington, D.C. 20007-4104

Breast Cancer Foundation), 國家癌症研究院 (National

☎202-687-0155

Cancer Institute), & 國防部乳癌研究基金 (Department of

2003年5月

Defense Breast Cancer Research Program)

Have you ever had a mammogram?



Step by Step Guide to Getting a Mammogram



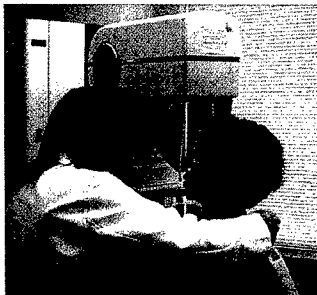
Call and schedule an appointment:

Call your family doctor or local services to schedule an appointment. (See back cover for services in your neighborhood.)



Clinical breast examination:

Doctors or nurses check the breasts and lymph nodes under the arm with their fingers to feel any lumps.



Mammogram:

A technician presses the breasts flat between two plastic plates to look for lumps using an x-ray.



Check results:

Screening results are usually available within two weeks. It is very convenient.

Have you ever had a mammogram?



Frequently Asked Questions and Answers:

I don't usually get sick, and I have never seen a doctor, not to mention having a mammogram. Why is there a need for it now?

- No pain does not mean that illness does not exist.
- Early stage breast cancer usually shows no symptoms, and often cannot be felt by touching the breasts.

No one in my family has had breast cancer. Do I still need to have a mammogram?

- The majority of breast cancer patients have no family history of breast cancer.
 - The chance of getting breast cancer increases with age.
- Whether or not you have a family history of breast cancer, you should always be alert and get regular mammograms.

I'm afraid of pain!

Mammography does not cause pain, only minor discomfort. The whole procedure takes only one to two minutes. It is worth dealing with the temporary discomfort in order to have the assurance of healthy breasts.

I feel embarrassed!

You can choose female doctors and technicians to perform examinations to avoid any embarrassment.

Doesn't mammography use radiation? I'm afraid if I do it too often, I will eventually get breast cancer. Is this true?

The amount of radiation we receive from one mammogram is very low. This dosage is too low to cause breast cancer.

Have you ever had a mammogram?



I don't speak English. What should I do?

- Ask a family member or friend who speaks English for help.
- Seek assistance from associations that provide Chinese translation services (see last page).
- Arrange for a Chinese-speaking doctor.

I don't have a car. What do I do?

- Some screening services provide transportation (see last page).
- Use public transportation (e.g., Metro or buses).

**I thought everybody has cancer cells in his/her body.
Some people end up getting cancer, and some just don't.
It is not something we can control. Is this right?**

- People do not regularly have cancer cells in their bodies.
- Modern women like us should not let the idea of "luck" or "fate" control our actions. We should, instead, take advantage of mammography technology to assure our health, or to detect breast cancer at an early stage in order to overcome it.
- Breast cancer can be cured if detected early.



Staying healthy is a blessing to our family

Places for Low-Cost or Free Mammograms:

● Maryland

*Howard County: ☎410-313-2333 or 1-866-313-6300

*Montgomery County: ☎240-777-1750

*Prince George's County: ☎301-883-3525

For: Aged 50 years and older who are low income or uninsured/under-insured and live in these counties. Call to ask for translation service.

Shady Grove Radiology ☎301-590-8999 \$135 Doctor referral needed

● District of Columbia

*Project WISH-Women Into Staying Healthy ☎202-898-0061 (Chinese line)
Transportation and translation services are available

For : D.C. residents, uninsured or having Medicare A only

*George Washington University Breast Care Center
Mobile Mammography Program ☎202-994-9999

For : Uninsured or under-insured

*Washington Hospital Center, Project FAME. ☎202-877-3915

For : Uninsured, aged 40 and older living in areas with zip codes 20009-12.

Providence Hospital Wellness Institute

☎202-269-7275 \$65 Doctor referral needed

● Fairfax County, Virginia:

(1) North County Health Center-Reston ☎703-689-2180

(2) South County Health Center-Mount Vernon ☎703-704-5333

(3) Bailey's Health Center-Falls Church ☎703-237-3446

For: Low income Fairfax county residents (must have lived in Fairfax county for at least 9 months) who are uninsured or under-insured; Payment depends on income level. Please call to ask for translation service.

INOVA Fairfax Hospital ☎703-204-3366 \$120 Doctor referral needed

*free services available For metro or bus information, call 202-637-7000



Georgetown University Medical Center
Cancer Control Program

2233 Wisconsin Ave., N.W., Suite 440
Washington, D.C. 20007-4104

☎202-687-0155

05/2003

Materials approved by Georgetown University
IRB: #02-015

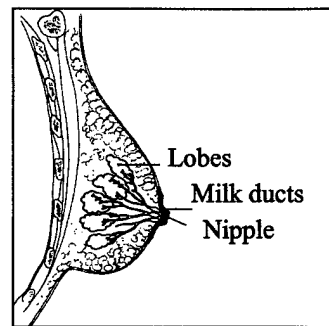
Sponsors: The Susan G. Komen Breast Cancer
Foundation, The National Cancer Institute,
& The Department of Defense Breast
Cancer Research Program

Breast Cancer

Facts for Older Chinese Women

What Is Breast Cancer?

Breast cancer develops when normal breast cells from milk ducts or lobes start to grow out of control. Cancerous cells can spread to other organs and endanger your life.



From: National Cancer Institute

Chances of Getting Breast Cancer

- Breast cancer is the most common cancer among Chinese women living in the U.S.
- Women who come from Asia and now live in the U.S. are more likely to get breast cancer than those who live in their home countries.
- The chance of getting breast cancer increases with age.
- One out of fifteen Chinese women will get breast cancer in her lifetime.

Symptoms of Breast Cancer

When breast cancer first develops, there may be no symptoms at all. As the cancer grows, it can cause changes in women's breasts. These changes include:

- A lump or thickening in or near the breast or in the underarm area
- A change in the size or shape of the breast
- Nipple discharge or tenderness, or inversion of the nipple into the breast
- A change in the skin of the breast that looks or feels warm, swollen, red, or pitted like the skin of an orange

How to Check for Breast Cancer?

American Cancer Society recommends that women over the age of forty should have:

- A Breast Self Examination every month,
- A Clinical Breast Examination once a year, and
- A Mammogram once a year.

Annual mammograms can detect cancers before you can even feel or see anything wrong.

Breast Cancer can be cured if it is detected early!

Places for Low-Cost or Free Mammograms:

• Maryland

*Howard County: ☎410-313-2333 or 1-866-313-6300

*Montgomery County: ☎240-777-1750

*Prince George's County: ☎301-883-3525

For: Aged 50 years and older who are low income or uninsured/under-insured and live in these counties. Call to ask for translation service.

Shady Grove Radiology ☎301-590-8999 \$135 Doctor referral needed

• District of Columbia

*Project WISH-Women Into Staying Healthy ☎202-898-0061 (Chinese line)
Transportation and translation services are available

For : D.C. residents, uninsured or having Medicare A only

*George Washington University Breast Care Center
Mobile Mammography Program ☎202-994-9999

For : Uninsured or under-insured

*Washington Hospital Center, Project FAME. ☎202-877-3915

For : Uninsured, aged 40 and older living in areas with zip codes 20009-12.

Providence Hospital Wellness Institute

☎202-269-7275

\$65

Doctor referral needed

• Fairfax County, Virginia:

(1) North County Health Center-Reston ☎703-689-2180

(2) South County Health Center-Mount Vernon ☎703-704-5333

(3) Bailey's Health Center-Falls Church ☎703-237-3446

For: Low income Fairfax county residents (must have lived in Fairfax county for at least 9 months) who are uninsured or under-insured; Payment depends on income level. Please call to ask for translation service.

INOVA Fairfax Hospital ☎703-204-3366 \$120 Doctor referral needed

*free services available

For metro or bus information, call 202-637-7000



Georgetown University Medical Center
Cancer Control Program
2233 Wisconsin Ave., N.W., Suite 440
Washington, D.C. 20007-4104
☎202-687-0155
5/2003

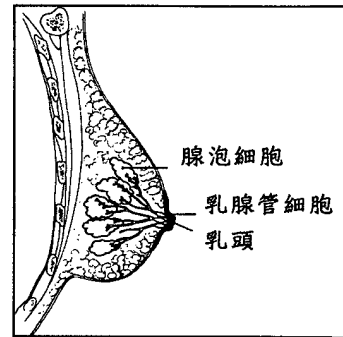
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Sponsors: The Susan G. Komen Breast Cancer
Foundation, The National Cancer
Institute, & The Department of
Defense Breast Cancer Research
Program

乳癌

中年以上華裔婦女須知

什麼是乳癌？

乳癌是因乳房內的細胞(腺泡細胞或乳腺管細胞)發生不正常的增加或分裂所產生的惡性腫瘤。乳房的癌細胞可能轉移到身體的其他器官，造成生命的危險。



圖片摘自：國家癌症研究院

罹患乳癌的機率

- 乳癌是住在美國的華人婦女中最常見的癌症
- 住在美國，來自亞洲的婦女得到乳癌的機率比住在亞洲本土的女性高
- 年紀越大，得到乳癌的機率也越大
- 每十五位華人婦女當中，就有一位會罹患乳癌

乳癌的症狀

當乳癌開始形成時，它可能完全沒有症狀。但隨著時間的增長，乳癌會造成女性乳房的異常。這些異常的症狀包括有：

- 在乳房附近或腋下的區域有結塊或變厚的現象
- 乳房的大小或形狀的改變
- 乳頭有分泌物，或觸摸會痛，或向內部凹陷
- 乳房的皮膚變得紅腫發熱，或皺摺像橘子皮一樣

如何檢查乳癌？

美國防癌協會建議年過四十的婦女應該：

每個月做一次乳房自我檢查

每年接受一次專業的臨床乳房檢查

每年接受一次乳房攝影檢查

定期乳房攝影檢查可以在您感覺或看到乳房任何異狀之前發現癌症。

早期的乳癌可以被治癒。

哪裡可以做低收費或免費的乳房攝影檢查：

• 馬里蘭州(Maryland)

*海華郡(Howard County): ☎410-313-2333 或 1-866-313-6300

*蒙哥馬利郡(Montgomery County): ☎240-777-1750 有會說各種語言的醫師

*喬治王子郡(Prince George's County): ☎301-883-3525

條件：50歲以上住在該郡的低收入戶居民、沒有保險者或保險不給付者。

可打電話查詢中文翻譯服務。

Shady Grove放射線中心 (Shady Grove Radiology)

☎301-590-8999

\$135 需要醫師轉診介紹

• 華盛頓特區(District of Columbia)

*希望計畫(Project WISH-Women Into Staying Healthy)

☎202-898-0061 (中文專線) 提供接送及翻譯服務

條件：華盛頓特區的居民、沒有保險或僅有Medicare A 者

*喬治華盛頓大學乳房護理中心 ☎202-994-9999

(GWU Breast Care Center-Mobile Mammography Program)

條件：沒有保險或保險不給付者

*華盛頓醫院中心(Washington Hospital Center, Project FAME) ☎202-877-3915

條件：四十歲以上沒有保險無症狀者，住在郵遞區號20009-12。

普洛威斯頓醫院 (Providence Hospital Wellness Institute)

☎202-269-7275

\$65 需要醫師轉診介紹

• 維吉尼亞州費郡(Fairfax County, Virginia)

(1) 北郡健康中心(North County Health Center-Reston) ☎703-689-2180

(2) 南郡健康中心(South County Health Center-Mount Vernon) ☎703-704-5333

(3) 貝里斯健康中心(Bailey's Health Center-Falls Church) ☎703-237-3446

條件：住在費郡至少九個月以上的低收入戶居民、沒有保險者或保險不給付者，依照收入不等付費。請打電話查詢中文翻譯服務。

INOVA 費郡醫院(INOVA Fairfax Hospital)

☎703-698-3161

\$120 需要醫師轉診介紹

*有星號者為免費

交通查詢專線(地鐵或公車)：202-637-7000



喬治城大學癌症防治中心

2233 Wisconsin Ave., N.W., Suite 440
Washington, D.C. 20007-4104

☎202-687-0155

2003年5月

(喬治城大學審閱會核准號碼:02-015)

贊助單位：蘇珊考門乳癌基金會(The Susan G. Komen Breast Cancer Foundation), 國家癌症研究院 (National Cancer Institute), & 國防部乳癌研究基金 (Department of Defense Breast Cancer Research Program)

Appendix B

Baseline Survey

(English and Chinese for telephone interview)

DRAFT

CANCER SCREENING AMONG OLDER CHINESE WOMEN BASELINE SURVEY

Georgetown University

Subject ID# _____

Introduction

Hello, Mrs. [SUBJECT]. I am [INTERVIEWER], calling from Georgetown University for the project on Chinese American women's health. We are very glad that you are willing to participate in this project. This project involves three short telephone interviews over 2 years. This phone call is for the first interview. We will ask you for ideas about health, and some basic background information. You do not have to answer any questions that you are not comfortable with. This interview will last for about 30-40 minutes, and all the information you give us will be kept **confidential**. Do you have time now?

[If **NO**] May I set up an appointment with you to call you back for this interview?

[If **YES**, fill out the appointment date and time in the table on the next page.]

[If **NO**, go to REFUSAL questions below.]

[If **YES**] Do you have any questions before we start? [If **NO**, continue onto the next page.]

REMINDER: Code "777" for non-applicable questions; "888" for "Don't know/Unsure," and "999" for "Do not want to answer/Refusal."

REFUSAL:

Would you so kind as to tell me why you are not interested in this project? [Record verbatim]

RECODE→	Too busy.....	01
	Too ill.....	02
	Not interested.....	03
	Sounds too long.....	04
	Negative reaction to surveys.....	05
	Confidentiality.....	06
	Other (specify)_____	07

Would you mind answering a few questions before we stop? [Ask Section I Questions 1, 3, 4, 6, 10 (bolded)]

Thank you for taking your time answering this question.

Telephone Call Tracking Sheet

Multiple tries:

Date	Time 1		Time 2		Time 3		Time 4		Interviewer
/ /	am	B	am	B	am	B	am	B	
	pm	N	pm	N	pm	N	pm	N	
/ /	am	B	am	B	am	B	am	B	
	pm	N	pm	N	pm	N	pm	N	
/ /	am	B	am	B	am	B	am	B	
	pm	N	pm	N	pm	N	pm	N	
/ /	am	B	am	B	am	B	am	B	
	pm	N	pm	N	pm	N	pm	N	
/ /	am	B	am	B	am	B	am	B	
	pm	N	pm	N	pm	N	pm	N	

B=Line busy; N=No answer.

Appointments:

Date	Time	Spoke with	Call back date	Call back time	Interviewer
/ /	Am/pm			am/pm	
/ /	Am/pm			am/pm	
/ /	am/pm			am/pm	

FINAL DISPOSITION: ____ (1-Completed; 2-Not able to contact;
3-Wrong number; 4-Refusal)

DATE: ____ / ____ / 20 ____

INTERVIEWER: _____

SECTION I Sociodemographics

[Demographics and length of US residence]

Now, I'm going to ask questions about yourself.

1. What is your date of birth? _____
2. Is this your western age or lunar age?
 - Western01
 - Lunar02
3. In what country/area were you born?
 - U.S. (Skip to 6).....01
 - Taiwan.....02
 - Hong Kong.....03
 - China04
 - Singapore05
 - Other Asian country, Specify:06
 - Other non-Asian country, Specify:07
4. At what age did you come to the United States? _____
5. How long have you been living in the Washington D.C. area?
6. How far did you go in school?
 - Never been to school.....01
 - Up to elementary school (Grade 1-6).....02
 - Middle school (Grade 7-9).....03
 - High school (Grade 10-12)04
 - Some college or technical training school05
 - College graduate06
 - Graduate school07
 - Don't know/Unsure.....888
 - Refused to answer.....999
7. Have you ever attended school in the U.S., excluding classes to learn English?
 - Yes01
 - No (Skip to 8).....02

7.1. That was for what level of education and for how long? [Check all that apply]

Educational Level	Yes	No	Length of attendance
7.1.a Elementary school			
7.1.b Middle school			
7.1.c High school			

7.1.d College or technical school			
7.1.e Graduate school			
7.1.f English language class			

8. Are you currently employed?

Yes01
No (Skip to 9).....02
Refused to answer.....999

8.1 Is that a full time job?

Yes01
No.....02
Refused to answer.....999

9. Are you retired, disabled, unemployed, or a homemaker?

Retired.....01
Disabled02
Unemployed.....03
Homemaker.....04
Other.....05
Refused to answer.....999

10. What is your marital status?

Married01
Separated/divorced02
Widowed03
Single, never married.....04
Living with an unmarried partner05
Don't know/Unsure.....888
Refused to answer.....999

[Social support]

11. When you need assistance in transportation to see a doctor, how often can you find a person(s) to help you, such as relatives or friends?

Never01
Seldom.....02
Sometimes.....03
Very often04
Always05
Not applicable777
Don't know/Unsure.....888
Refused to answer.....999

12. When you need a translator during your doctor visit, how often can you find a person(s) to help you, such as relatives or friends?

Never.....	01
Seldom	02
Sometimes.....	03
Very often	04
Always	05
Not applicable	777
Don't know/Unsure.....	888
Refused to answer.....	999

13. If for some reasons, you lose your health insurance, who could you find to help you pay for your health insurance premiums and/or medical bill?

None.....	01
Family members.....	02
Relatives.....	03
Friends.....	04
Chinese community-based organizations	05
Your county health department.....	06
Other	07
I won't look for help.....	08
Don't know/Unsure.....	888
Refused to answer.....	999

14. How many times do you usually participate in religious activities in a month (i.e. going to church, temple, etc.)? _____ times

15. How much is spirituality and/or religion a source of strength and comfort to you? [PORT]

None.....	01
A little bit	02
Somewhat.....	03
A great deal	04
Don't know/Unsure.....	888
Refused to answer.....	999

16. Do you know any one of your relatives or friends who has had breast, cervical, or colorectal cancer? If yes, what kind of cancer have they had? [CHECK ALL THAT APPLY]

Yes, breast cancer	01
Yes, cervical cancer	02
Yes, colorectal cancer	03

No, but having other cancer, SPECIFY:04
 No.....05
 Don't know/Unsure.....888
 Refused to answer.....999

17. Have you ever been encouraged by relatives or friends to have

	Yes	No
17.1 General checkup (i.e. blood pressure, blood sugar, cholesterol)?	1	2
17.2 Mammogram?	1	2
17.3 Pap smear test?	1	2
17.4 Blood stool test?	1	2
17.5 Flexible sigmoidoscopy?	1	2
17.6 Colonoscopy?	1	2

[Income] (Lee, 1996)

I'm now going to ask about your income. We understand that it may be difficult to estimate income, or you may not be willing to report your income. However, we will only ask the income by range, not the exact amount. This income information will help us to understand the need for health care assistance in the Chinese community. Your information will be kept confidential.

18. Would you please tell me how much is the yearly income of members of your household for the last year? It includes wages, social security income, retirement benefits, unemployment benefits, welfare programs, etc.

Less than \$5,00001
 \$5,000 - \$10,00002
 \$10,001 - \$20,00003
 \$20,001 - \$30,00004
 \$30,001 - \$40,00005
 \$40,001 - \$50,00006
 \$50,001 or more07
 Don't know/Unsure.....888
 Refused to answer.....999

18.1 How many people are supported by this income?

Number of people.....
 Don't know/Unsure.....888
 Refused to answer.....999

[Health insurance] (*Lee, 1996*)

19. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO (Health Maintenance Organization), or government plans such as Medicare and Medicaid?

Yes	01
No (Skip to Section II)	02
Don't know/Unsure.....	888
Refused to answer.....	999

19.1 What is your health care coverage?

Medicare	01
Medicaid	02
HMO	03
Private insurance.....	04
Other.....	05
Don't know/Unsure.....	888
Refused to answer.....	999

SECTION II Health Care Utilization and Referral

In this section, I will ask you questions about your experiences with health care and doctors you have seen.

1. In the past 12 months, how many times have you been to see a/an

	[Record verbatim] # of times
1.1 Western trained doctor?	
1.2 Herbalist?	
1.3 Acupuncturist?	
1.4 Acupressure therapist?	
1.5 Chi-Kung therapist?	
1.6 Other non-western practitioner?	

2. A regular personal doctor or nurse is the health professional who knows you best. This can be a general doctor, an internist, a family practitioner, a nurse practitioner, or a physician assistant. Do you have a doctor or nurse you usually see when you are sick or want a checkup?

Yes01
No (Skip to 3).....02

2.1 What kind of doctor (or clinic) is this? [READ LIST]

Family or general practitioner01
Internist.....02
Obstetrician/Gynecologist03
Geriatrician04
Surgeon.....05
Specialist (specify: _____)06
Herbalist07
Acupuncturist08
Accupressurist09
Qi-Kung therapist.....10
Other11
Don't know/Unsure.....888
Refused to answer.....999

2.2 Where is that doctor located? _____
[RECODE]

Public hospital (e.g. Montgomery General Hospital, Fairfax
County Hospital, DC General Hospital, etc.)01
Private hospital (e.g. Shady Grove Hospital, Suburban Hospital,
GU Hospital, Washington Hospital Center, etc.).....02
Private doctor's office.....03
Health department clinic04
Other, Specify: _____05
Don't know/Unsure.....888
Refused to answer.....999

2.3 How long have you been seeing that doctor?

Shorter than 1 year	01
1-3 years	02
3-5 year	03
5-10 years	04
Longer than 10 years	05
Don't know/Unsure	888
Refused to answer	999

2.4 In the past two years, how often did you visit your regular doctor?

Several times in a month	01
About once a month	02
About once in every 2-4 months	03
About once in every 5-8 months	04
About once in every 9-11 months	05
About once a year	06
About once in 1 to 2 years	07
I didn't keep regular appointments	777
Don't know/Unsure	888
Refused to answer	999

2.5 Is that doctor a male or female doctor?

Male	01
Female	02

2.6 Is that doctor Chinese?

Yes	01
No	02

2.7 What kind of language does that doctor use when communicating with you?

English	01
English, which is translated to Chinese for my understanding	02
Chinese	03
Chinese, which is translated to English for my understanding	04
Other	05

[SKIP TO 4]

3. Is there one particular clinic, health center, or doctor's office where you usually go for health care?

Yes	01
No (Skip to 4)	02

3.1 Please tell me where this place is. _____

[RE-CODE]

Public hospital (e.g. Montgomery General Hospital, Fairfax County Hospital, DC General Hospital, etc.)01

Private hospital (e.g. Shady Grove Hospital, Suburban Hospital, Georgetown University Hospital, Washington Hospital Center, etc.).....02

Private doctor's office.....03

Health department clinic04

Emergency room.....05

Other, Specify: _____06

Don't know/Unsure.....888

Refused to answer.....999

[Medical checkup]

4. Have you had general medical checkup, such as checking for blood pressure, blood sugar, or cholesterol, in the **past two years**?

Yes01

No.....02

Don't know/ Unsure.....888

Refused to answer.....999

5. Did any of the doctors you visited during the past two years ever recommend you to get a cancer screening?

Yes01

No02

5.1 What kind of cancer screening they suggested? [CHECK ALL THAT APPLY]

Cancer	Yes	No
Breast	1	2
Cervical	1	2
Colorectal	1	2

5.2 How enthusiastic are the doctors about your getting a [SCREENING]? [Fox, 1994]

Cancer screening	Very enthusiastic	Somewhat enthusiastic	Neutral	Not very enthusiastic	Not enthusiastic at all
Mammography	1	2	3	4	5
Pap smear	1	2	3	4	5
FOBT	1	2	3	4	5
Sigmoidoscopy	1	2	3	4	5
Colonoscopy	1	2	3	4	5

[Access barriers]

6 Have you ever had the following problems when you need to get your medical care? [READ CATEGORIES]

	Yes	No
6.1 Lack of transportation	1	2
6.2 Difficulty in getting an appointment	1	2
6.3 Lack of a babysitter	1	2
6.4 No paid leave	1	2
6.5 No time	1	2
6.6 Language barrier (hard to find a doctor speaking Chinese)	1	2
6.7 No or only partial insurance coverage	1	2
6.8 Too much paperwork	1	2
6.9 Long waiting time	1	2

SECTION III Culture and Acculturation

[Cultural view]

1. The following set of statements about your ideas about health, medicine, and medical care. I'm going to read the following statements. Please tell me if you strongly agree, agree, disagree, strongly disagree, or are neutral to each of the statements. Remember, there are no right or wrong answers; we just want you to express your opinions.

Statements	SA	A	N	D	SD
1.1 Regular outdoor walking is essential to achieve good health.	1	2	3	4	5
1.2 Certain food is not good for me because it will disturb the hot-cold balance in my body.	1	2	3	4	5
1.3 Health or illness is a matter of fate. Some people are always healthy; others get sick very often.	1	2	3	4	5
1.4 It is hard to prevent cancer.	1	2	3	4	5
1.5 Eating "cold" food in summer and "hot" food in winter will help strengthen my body.	1	2	3	4	5
1.6 I know my body better than any one else.	1	2	3	4	5
1.7 It is best not to think about cancer. If we think about it too much, we probably will get cancer.	1	2	3	4	5
1.8 Most diseases, excluding external wounds, are caused by the imbalance between hot and cold in a person's body.	1	2	3	4	5
1.9 Eating food prepared by myself is a key to good health.	1	2	3	4	5
1.10 Getting Cancer is like being sentenced to death.	1	2	3	4	5
1.11 As long as I can take good care of myself and keep myself healthy, I don't need to see a doctor.	1	2	3	4	5
1.12 We should not take "western" medicine too often, because its chemical ingredients will hurt our bodies.	1	2	3	4	5
1.13 Herbs are more effective in harmonizing a person's yin-yang than western medicine.	1	2	3	4	5
1.14 If I am meant to get cancer, I will get it.	1	2	3	4	5
1.15 Bodily constitution is different for every person; therefore, some kinds of people are more likely to get cancer than others do.	1	2	3	4	5
1.16 Keeping my mind happy, doing my hobbies, and not competing with others can lead to better health.	1	2	3	4	5
1.17 I cannot control my destiny.	1	2	3	4	5
1.18 Herbs are a better choice for preventing diseases than western medicine.	1	2	3	4	5
1.19 Going to clinics or hospitals too often will cause me to catch diseases or having bad luck.	1	2	3	4	5
1.20 A lot of medical tests are too intrusive and make me uncomfortable.	1	2	3	4	5
1.21 If we get cancer, the best way to deal with it is to accept it, just like the old saying: "Listen to heaven and follow fate."	1	2	3	4	5
1.22 Western medicine is good for killing germs rather than preventing diseases.	1	2	3	4	5
1.23 I don't visit doctors if I'm not feeling sick.	1	2	3	4	5

1.24 Avoiding cancer is a matter of personal luck.	1	2	3	4	5
1.25 Herbs are better remedy for illness than western medicine.	1	2	3	4	5
1.26 Medical doctors usually do unnecessary tests.	1	2	3	4	5
1.27 Regularity in meals and daily schedules can make us healthy.	1	2	3	4	5
1.28 Qi-Kung or Tai-Chi practice can help regulate the "chi" in the body, which can increase one's stamina and prevent diseases.	1	2	3	4	5
1.29 No matter what I do, if I am going to get cancer, I will get it.	1	2	3	4	5
1.30 I will be embarrassed if a doctor or a nurse checks my private parts.	1	2	3	4	5

SA=Strongly agree; A=Agree; N=Neutral; DA=Disagree; SD=Strongly disagree.

[Acculturation] (Anderson, 1993)

2. The next few questions ask about your ability in using Chinese and English. Please let me know how well--very well, pretty well, just fine, not too well, or not at all--you are in each of the questions. How well are you in---

	Very well	Pretty well	Just fine	Not too well	Not at all
2.1 Understanding spoken English	1	2	3	4	5
2.2 Speaking English	1	2	3	4	5
2.3 Reading in English	1	2	3	4	5
2.4 Writing in English	1	2	3	4	5
2.5 Speaking Chinese (Mandarin, Cantonese, other)	1	2	3	4	5
2.6 Reading in Chinese	1	2	3	4	5
2.7 Writing in Chinese	1	2	3	4	5

3. What kind of language(s) do you usually use

	Only Chinese	Mostly Chinese	Chinese & English	Mostly English	Only English
3.1 With most of your friends	1	2	3	4	5
3.2 With most of your neighbors	1	2	3	4	5
3.3 At family gatherings	1	2	3	4	5

4. Think for a moment about your

	Only Chinese	Mostly Chinese	Chinese & Americans	Mostly Americans	Only Americans
4.1 Close friends you see nearly every day. You would say that they are...	1	2	3	4	5
4.2 Nearby neighbors you see nearly every day. You would say that they are...	1	2	3	4	5

SECTION IV Cancer Knowledge and Screening Experience

This section asks about your opinions about cancer and experiences with and opinions of several screening tests for breast, cervical, and colorectal cancers. I will describe each of the tests to you before asking questions about the test, so you can get familiar to what test we are talking about.

[Cancer knowledge] (NHIS, 1992)

1. Do you think [RISK FACTOR] is a risk factor for [CANCER NAME]?

[CIRCLE ONE RESPONSE]

Cancer	Increased age	High fat diet	Low fiber diet	Smoking	Family history	Exercise
Breast	Yes/No/DK	Yes/No/DK	Yes/No/DK	Yes/No/DK	Yes/No/DK	Yes/No/DK
Cervical	Yes/No/DK	Yes/No/DK	Yes/No/DK	Yes/No/DK	Yes/No/DK	Yes/No/DK
Colorectal	Yes/No/DK	Yes/No/DK	Yes/No/DK	Yes/No/DK	Yes/No/DK	Yes/No/DK

[Code: Yes=1, No=0]

1.1 Do you think having multiple sexual partners is a risk factor for Cervical Cancer?

Yes.....01
No.....02
Don't know/Unsure.....888
Refused to answer.....999

[Perceived risk]

2. How likely do you think it is that you will get [CANCER NAME] in your lifetime? Do you think it is very unlikely, somewhat unlikely, somewhat likely, or very likely?

Cancer	Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely
Breast	1	2	3	4
Cervical	1	2	3	4
Colorectal	1	2	3	4

3. Compared to most women your age, what do you think the chances are that you will get [CANCER NAME] someday? Do you think your chances are much lower, somewhat lower, the same, somewhat higher, or much higher than most women your age?

Cancer	Much Lower	Somewhat Lower	The Same	Somewhat Higher	Much Higher
Breast	1	2	3	4	5
Cervical	1	2	3	4	5
Colorectal	1	2	3	4	5

[Worries and fear] (*Schwartz, 1995*)

4. Overall, how worried are you that you might get [CANCER NAME] someday? Would you say that you are:

Cancer	Not worried	Somewhat	Worried	Very worried
Breast	1	2	3	4
Cervical	1	2	3	4
Colorectal	1	2	3	4

5. During last year, how often have you thought about your own chances of getting [Cancer Name]? Would you say... [READ LIST]

Cancer	Not at all or rarely	Sometimes	Often	A lot
Breast	1	2	3	4
Cervical	1	2	3	4
Colorectal	1	2	3	4

[MAMMOGRAPHY]

6. Have you ever had a mammogram? To clarify, a mammogram is an x-ray taken of the breasts by a machine that squeezes the breasts. This x-ray takes a picture of the breasts to check for early breast cancer.

Yes01
No (Skip to 7).....02
Don't know/ Unsure.....888
Refused to answer.....999

6.1 How many mammograms have you had since you were 50 years old?
_____ mammograms

6.2 When was your most recent mammogram?
Less than 1 year ago.....01
1 to 2 years ago02
More than 2 years ago.....03
Don't know/ Unsure.....888
Refused to answer.....999

6.3 Did you go for your last mammogram because of a lump or specific breast problem, or for a routine checkup?

Routine checkup.....01
Health-related reason02

6.4 When did you get another mammogram before this most recent mammogram?

Less than 1 year prior to my last mammogram.....01
1 to 2 years prior to my last mammogram02
More than 2 years prior to my last mammogram.....03

I only had one mammogram before.....	777
Don't know/ Unsure.....	888
Refused to answer.....	999

[Skip to 8]

7. Have you ever heard about mammograms?

Yes	01
No (skip to 8).....	02

7.1 Why don't you go for a mammogram before? _____

8. How often do you think women your age should have a mammogram?

Once a year.....	01
Every 1-2 years.....	02
Other _____.....	03
Don't know/Unsure.....	888
Refused to answer.....	999

9. Some women are planning to have a mammogram in the future and some women are not.
Do you plan to have a mammogram in the next year?

Yes	01
No.....	02
Don't know/Unsure.....	888
Refused to answer.....	999

[PAP SMEAR]

10. Have you ever had a Pap smear? To clarify, a Pap smear is a test in which you lie on a table with your feet in the stirrups, and the doctor or nurse examines the female internal organs by taking a swab of the cervix and sending a cell sample to the lab.

Yes	01
No (Skip to 11).....	02

10.1 How many Pap smears have you had in your lifetime? _____ Pap smears

10.2 When was your most recent Pap smear?

Less than 1 year ago.....	01
1 to 3 years ago	02
More than 3 years ago.....	03
Don't know/ Unsure.....	888
Refused to answer.....	999

10.3 Did you go for your last Pap smear because of a health-related reason (e.g. bleeding, pain, discharge, or infection), or as part of the routine checkup?

Routine checkup.....	01
----------------------	----

Health-related reason02

10.4 When did you get another Pap smear before this most recent Pap smear?

Less than 1 year prior to my last Pap smear01
1 to 2 years prior to my last Pap smear02
2 to 3 years prior to my Pap smear03
More than 3 years prior to my Pap smear04
I only had one Pap smear before.....777
Don't know/ Unsure.....888
Refused to answer.....999

[Skip to 12]

11. Have you ever heard about Pap smear?

Yes01
No (skip to 12).....02

11.1 Why don't you go for a Pap smear before? _____

12. How often do you think women your age should have a Pap smear?

Once a year.....01
Every 1-2 years.....02
Other.....03
Don't know/Unsure.....888
Refused to answer.....999

13. Some women are planning to have a Pap smear in the future and some women are not.

Do you plan to have a Pap smear in the next 1-3 years?

Yes01
No.....02
Don't know/Unsure.....888
Refused to answer.....999

[FOBT]

14. Have you ever had a blood stool test? The blood stool test checks for blood that one cannot see in the stools or bowel movement. There are two ways to do this. First, a doctor or nurse wearing a glove, puts a finger in a patient's rectum, and gets a stool sample, which is placed on a small slide. Or, instead, a patient can take samples from his/her stool after going to the bathroom, and put them on small cards provided by a doctor. After collecting 3 days of the stool samples, the patients return them to the doctor for testing.

Yes01
No (Skip to 15).....02

14.1 How many blood stool tests have you had in your lifetime? _____ FOBTs

14.2 When was your most recent blood stool test?

Less than 1 year ago01
1 to 2 years ago02
More than 2 years ago.....03
Don't know/ Unsure.....888
Refused to answer9.....999

14.3 Did you go for your last blood stool test because of a health-related reason, or as part of a routine checkup?

Routine checkup.....01
Health-related reason02

14.4 When did you get another blood stool test before this most recent blood stool test?

Less than 1 year prior to my last blood stool test01
1 to 2 years prior to my last blood stool test.....02
More than 2 years prior to my last blood stool test.....03
I only had one blood stool test before.....777
Don't know/ Unsure.....888
Refused to answer.....999

[Skip to 16]

15. Have you ever heard about a blood stool test?

Yes01
No (skip to 16).....02

15.1 Why don't you go for a blood stool test before? _____

16. How often do you think women your age should have a blood stool test?

Once a year.....01
Every 1-2 years.....02
Other.....03
Don't know/Unsure.....888
Refused to answer.....999

17. Some women are planning to have a blood stool test in the future and some women are not.
Do you plan to have a blood stool test in the next year?

Yes.....01
No02
Don't know/Unsure.....888
Refused to answer.....999

[FLEXIBLE SIGMOIDOSCOPY]

18. Have you ever had a flexible sigmoidoscopy? To clarify, a flexible sigmoidoscopy is done by inserting a scope into your lower part of your colon to check for cancerous lesions.

Yes01
No (Skip to 19)02

18.1 When was your most recent flexible sigmoidoscopy?

Less than 1 year ago01
1 to 2 years ago02
2 to 3 years ago03
3 to 4 years ago04
4 to 5 years ago05
5 years ago06
More than 5 years ago07
Don't know/Unsure888
Refused to answer999

18.2 Did you go for your last flexible sigmoidoscopy test because of a health-related reason, or as part of a routine checkup?

Routine checkup01
Health-related reason02

[Skip to 20]

19. Have you ever heard about a flexible sigmoidoscopy?

Yes01
No (skip to 20)02

19.1 Why don't you go for a flexible sigmoidoscopy before?

20. How often do you think women your age should have a flexible sigmoidoscopy?

Every 5 years01
Other02
Don't know/Unsure888
Refused to answer999

21. Some women are planning to have a flexible sigmoidoscopy in the future and some women are not. Do you plan to have a flexible sigmoidoscopy in the next five years?

Yes01
No02
Don't know/Unsure888
Refused to answer999

[COLONOSCOPY]

22. Have you ever had a colonoscopy? To clarify, a colonoscopy is done by inserting a scope into your colon to check for cancerous lesions. This test involves taking medicine so you have no pain. The tube looks at the whole colon, but sigmoidoscopy looks at the bottom half of the colon.

Yes01
No (Skip to 23).....02

22.1 When was your most recent colonoscopy?

Within the last 10 years01
More than 10 years ago02
Don't know/Unsure.....888
Refused to answer.....999

22.2 Did you go for your last colonoscopy test because of a health-related reason, or as part of a routine checkup?

Routine checkup.....01
Health-related reason02

[Skip to 24]

23. Have you ever heard about a colonoscopy?

Yes01
No (skip to 24).....02

23.1 Why don't you go for a colonoscopy before? _____

24. How often do you think women your age should have a colonoscopy?

Every 10 years01
Other.....02
Don't know/Unsure.....888
Refused to answer.....999

25. Some women are planning to have a colonoscopy in the future and some women are not. Do you plan to have a colonoscopy in the next ten years?

Yes01
No.....02
Don't know/Unsure.....888
Refused to answer.....999

26. The following statements are opinions about cancer screenings other women your age may have. Please tell me if you strongly agree, agree, disagree, strongly disagree, or are neutral to each of the statements. [Rakowski, 1997]

Statements	SA	A	N	DA	SD	Unknown
26.1 I would be more likely to go for cancer screening if my doctor told me how important it was.	1	2	3	4	5	6
26.2 Regular cancer screening gives you peace of mind about your health.	1	2	3	4	5	6
26.3 I worry that cancer screening has a high chance of leading to surgery that is not needed.	1	2	3	4	5	6
26.4 Cancer screening is necessary even when there is no history of cancer in a family.	1	2	3	4	5	6
26.5 I would probably not have cancer screening if my doctor seemed to doubt that I really needed one.	1	2	3	4	5	6
26.6 If cancer screening finds something, then whatever is there will be too far along to do anything.	1	2	3	4	5	6
26.7 If I eat a healthy diet, I will lower my risk of getting cancer far enough that I probably do not need to go for cancer screening.	1	2	3	4	5	6
26.8 Cancer screening is not important for a woman my age.	1	2	3	4	5	6
26.9 Once you have a couple of cancer screening results that are normal, you don't need to have any more for a few years.	1	2	3	4	5	6
26.10 I would probably not go for cancer screening unless I had some symptoms or discomfort.	1	2	3	4	5	6
26.11 Cancer screening finds cancer at a point when it is more likely to be cured.	1	2	3	4	5	6
26.12 Cancer screening is not as important as people say it is.	1	2	3	4	5	6
26.13 I would probably not have cancer screening unless I got a reminder from my doctor.	1	2	3	4	5	6
26.14 Having a mammogram every year or two will give me a feeling of control over my health.	1	2	3	4	5	6
26.15 If I have a breast exam from a doctor or nurse, I don't need to have a mammogram.	1	2	3	4	5	6
26.16 Mammograms are most helpful when you have one every year or two.	1	2	3	4	5	6
26.17 A Pap test can be done so quickly that it is not a bother to have one.	1	2	3	4	5	6
26.18 A Pap test can find a problem even before it develops into cancer.	1	2	3	4	5	6
26.19 Pap test results cannot be trusted because some labs that do the tests are better than others.	1	2	3	4	5	6
26.20 A Pap test is most helpful when you have one every year or two.	1	2	3	4	5	6
26.21 Women who reach menopause do not need Pap tests very often.	1	2	3	4	5	6
26.22 After women stop having children they do not need Pap tests.	1	2	3	4	5	6

26.23. A blood stool test involves a series of unpleasant procedures that I have to do myself.	1	2	3	4	5	6
--	---	---	---	---	---	---

SA=Strongly agree; A=Agree; N=Neutral; DA=Disagree; SD=Strongly disagree.

SECTION VI Smoking

1. Have you ever smoked before?

Yes01

No [SKIP TO 2]02

1.1 Do you smoke now?

Yes01

No [SKIP TO 2]02

1.2. Have you ever tried to quit smoking or thought about quitting smoking?

I tried to quit smoking before01

I thought about quitting smoking before02

No03

2. [Not including yourself], how many people smoke in your family? _____ persons

3. Who are they? [Check all that apply]

	YES	NO
Father	1	2
Mother.....	1	2
Husband	1	2
Sons	1	2
Daughters	1	2
Grandsons	1	2
Granddaughters	1	2
Other, Specify _____		

4. Do you think that he/she/they would listen to you about getting information on ways to quit smoking?

Thank you very much for taking your time completing this survey. Your answers will provide valuable information about Chinese American women's health and health care. You will receive cancer educational materials we developed for you in 2-4 weeks. We will call you 1-2 weeks after you receive and read the materials to ask about your opinions about these materials. In addition, we will continue to mail you health-related information and contact you for a final interview in 1-2 years. Please tell me your contact information:

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone: () _____

Could you tell us another one or two addresses and phone numbers of your relatives or friends who may know where you are if we cannot get hold of you?

PERSON 1:

Name: _____ Relationship: _____

Address: _____

City _____ State _____ Zip _____

Telephone: () _____

It has been very pleasant talking to you. I will contact you in the next 1 to 2 months. If you have any questions regarding this study and your participation, please contact Ms. Mei-yu Chen at Georgetown University; her work number is (202) 687-0155. Thanks. Bye.

CANCER SCREENING AMONG OLDER CHINESE WOMEN BASELINE SURVEY

喬治城大學

研究對象代號 # _____

前言

您好, [某某某] 女士。我是[電話訪問員]從喬治城大學的華裔婦女健康研究計畫打電話給您。謝謝您願意來參加我們的研究。我們想要問您對於醫療經驗和保健的想法。這次電話訪談大概需要 30-40 分鐘的時間。您提供的資料都會被保密。請問您現在有空嗎?

[假如 沒時間] 我可以和您約別的時間進行訪談嗎?

[假如 可以, 在下一頁電話訪談追蹤表的表格中填妥下一次電話訪談的日期和時間。]

[假如 不可以, 跳到本問卷下方的拒絕欄。]

[假如 有時間] 在我們開始之前, 您有沒有問題要問? [假如 沒有, 繼續下一頁。]

備註: 代碼“777”表示“這是不適用的問題”; “888”表示“不知道/不確定”, 以及“999”表示“不想回答/拒絕回答”。

拒絕欄:

您可不可以告訴我為什麼您不想要參加這個研究嗎? [逐字記錄]

RECODE→	太忙了.....	01
	身體很不舒服.....	02
	沒有興趣.....	03
	覺得訪談時間太長了.....	04
	對做訪談有負面的反應.....	05
	個人隱私.....	06
	其他 (請註明)_____	07

請問您願意回答下面幾個問題嗎? [問第一部份的問題 1, 3, 4, 6, 10 (粗體字)]

謝謝您撥空回答我們的問題。

Telephone Call Tracking Sheet

Multiple tries:

Date	Time 1		Time 2		Time 3		Time 4		Interviewer
/ /	am	B	am	B	am	B	am	B	
/ /	pm	N	pm	N	pm	N	pm	N	
/ /	am	B	am	B	am	B	am	B	
/ /	pm	N	pm	N	pm	N	pm	N	
/ /	am	B	am	B	am	B	am	B	
/ /	pm	N	pm	N	pm	N	pm	N	
/ /	am	B	am	B	am	B	am	B	
/ /	pm	N	pm	N	pm	N	pm	N	
/ /	am	B	am	B	am	B	am	B	
/ /	pm	N	pm	N	pm	N	pm	N	

B=Line busy; N=No answer.

Appointments:

Date	Time	Spoke with	Call back date	Call back time	Interviewer
/ /	Am/pm			am/pm	
/ /	Am/pm			am/pm	
/ /	am/pm			am/pm	

FINAL DISPOSITION: ____ (1-Completed; 2-Not able to contact;
3-Wrong number; 4-Refusal)

DATE: ____ / ____ / 20 ____

INTERVIEWER: _____

第一部份 參加者基本資料

[個人基本資料和在美居留時間]

現在，我開始要問一些有關您個人的基本資料。

1. 您的出生年月日是? _____
2. 這是您國曆的生日，還是農曆的生日?
 - 國曆..... 01
 - 農曆..... 02
3. 您在那裡出生?
 - 美國 (請跳到第 5 題)..... 01
 - 台灣..... 02
 - 香港..... 03
 - 中國大陸..... 04
 - 新加坡..... 05
 - 其它亞洲國家, 請註明: 06
 - 其它非亞洲國家, 請註明: 07
4. 您幾歲時來到美國? _____ 歲
5. 您在大華府地區住多久了? _____ 年
6. 您的教育程度?
 - 從未上學..... 01
 - 小學 (1-6 年級)..... 02
 - 中學/ 初中 (7-9 年級)..... 03
 - 高中 (10-12 年級)..... 04
 - 大學沒畢業或技職學校..... 05
 - 大學畢業..... 06
 - 研究所..... 07
 - 不知道/不確定..... 888
 - 不願回答..... 999
7. 您曾經在美國的學校唸書嗎 (不包括非英文教學的課程)
 - 是..... 01
 - 否 (跳到第 8 題)..... 02

7.1. 是那一種學校的教育呢？您各花了幾年的時間？[請逐項填寫]

教育程度	是	否	就學的時間
7.1.a 小學			
7.1.b 中學/初中			
7.1.c 高中			
7.1.d 大學或技職學校			
7.1.e 研究所			
7.1.f 英語語文學校			

8. 您現在有上班嗎？

有 01
沒有 (跳到第 9 題)..... 02
不願回答..... 999

8.1 那是全職的工作嗎？

是 01
不是 02
不願回答..... 999

9. 您是退休、殘障、沒有工作(失業)，或是家庭主婦呢？

退休 01
殘障 02
沒有工作(失業)..... 03
家庭主婦 04
其它 05
不願回答..... 999

10. 您的婚姻狀況是？

已婚 01
分居/離婚..... 02
喪偶 03
單身,從未結過婚..... 04
不知道/不確定..... 888
不願回答 999

[社會支持]

11. 當您需要交通上的協助，帶您去看醫生時，您多常可以找到人幫忙？（諸如親戚，朋友）

找不到	01
很少	02
有時候	03
很多時候(都可以找到人幫忙)	04
每一次都可以找到人幫忙	05
不需要	777
不知道/不確定	888
不願回答	999

12. 當您看醫生需要一個人幫您翻譯英文時，您多常可以找到人幫忙？（諸如親戚，朋友）

找不到	01
很少	02
有時候	03
很多時候(都可以找到人幫忙)	04
每一次都可以找到人幫忙	05
不需要	777
不知道/不確定	888
不願回答	999

13. 假如因為某些原因，您沒有了自己的健康保險，您可以找到人幫您給付醫療或健康保險的費用嗎？這些人是（可複選）

沒有人	01
家人	02
親戚	03
朋友	04
華人的社區社團	05
您所居住郡的健康部門	06
其他	07
不會請人幫忙	777
不知道/不確定	888
不願回答	999

14. 您每個月通常會去參加多少次宗教活動？（譬如：上教堂，寺廟等等）
每月 _____ 次

15. 您覺得精神上的寄託或是宗教可以給您支持或安慰的力量有多大? [PORT]

- 完全沒有..... 01
- 一點點..... 02
- 有一些..... 03
- 很多..... 04
- 不知道/不確定..... 888
- 不願回答..... 999

16. 您的親戚或朋友當中有沒有人曾經得過乳癌、子宮頸癌、或者是大腸直腸癌? 如果有的話, 她(她)們得的是那一種癌症? [可複選]

- 有, 乳癌..... 01
- 有, 子宮頸癌..... 02
- 有, 大腸直腸癌..... 03
- 沒有, 但得過其它的癌症, 請註明: _____... 04
- 沒有..... 05
- 不知道/不確定..... 888
- 不願回答..... 999

17. 您的親戚或朋友曾經鼓勵您去做以下這些檢查嗎?

檢查項目	是	否
17.1 一般的健康檢查 (如: 血壓, 血糖, 膽固醇)?	1	2
17.2 乳房攝影檢查?	1	2
17.3 子宮頸抹片檢查?	1	2
17.4 糞便潛血檢查?	1	2
17.5 軟式乙狀結腸鏡檢查?	1	2
17.6 大腸鏡檢查?	1	2

[收入] (Lee, 1996)

下面是有關您收入的問題。您可能很困難告訴我們您的收入。但我們只是需要問您的收入範圍而不是確實的金額。這項資料可以幫助我們了解華人對健康照護補助上的需要。您的資料絕對會被保密。

18. 請問去年您和您先生年收入大約是多少? 收入包括薪水、社會安全補助、退休金、失業救濟金、社會福利計畫等等。

- 少於 \$5,000 元..... 01
- \$5,000 - \$10,000 元..... 02

\$10,001 - \$20,000 元.....	03
\$20,001 - \$30,000 元.....	04
\$30,001 - \$40,000 元.....	05
\$40,001 - \$50,000 元.....	06
\$50,001 元以上.....	07
不知道/不確定.....	888
不願回答.....	999

18.1 這項收入可負擔多少人的生活費?(包括您和您先生的收入)

人數 _____ 人	
不知道/不確定.....	888
不願回答.....	999

[醫療保險] (Lee, 1996)

19. 您有沒有任何醫療保險, 或是政府提供的福利, 像聯邦醫療保險(Medicare)以及低收入戶/殘障者醫療保險(Medicaid)?

有.....	01
沒有 (跳到 第二部份).....	02
不知道/不確定.....	888
不願回答.....	999

19.1 您有那些醫療保險?

聯邦醫療保險(Medicare).....	01
低收入戶/殘障者醫療保險(Medicaid).....	02
一般醫療保險組織(HMO)、PPO.....	03
私人保險.....	04
其他.....	06
不知道/不確定.....	888
不願回答.....	999

第二部份 醫療資源的使用及轉介

在這部份, 我將要請問您有關您健康照護以及看醫師的經驗。

1. 在過去的 12 個月當中, 您曾經看過幾次(1.1-1.6)?

	[記下看醫師的次數]
1.1 西醫?	
1.2 中醫?	
1.3 針灸師?	
1.4 指壓按摩師?	
1.5 氣功治療師?	
1.6 其他的醫生?	

2. 當您生病或需要定期檢查時, 您有沒有一位固定的醫師或護士?

有..... 01

沒有 (跳到第 3 題)..... 02

2.1 這是那一科的醫師 (或診所)? [讀出選項]

家庭醫學科或一般開業醫師 01

內科醫師 02

婦產科/婦科 03

老人科 04

外科 05

其他專科醫師 (請註明: _____) .. 06

中醫師 07

針灸治療師 08

指壓按摩師 09

氣功治療師 10

其它 11

不知道/不確定..... 888

不願回答..... 999

2.2 這位醫師在那裡替人看病? _____

[重新分類]

公立醫院 (e.g. Montgomery General Hospital, Fairfax County Hospital, DC General Hospital, etc.)... 01

私立醫院 (e.g. Shady Grove Hospital, Suburban Hospital, GU Hospital, Washington Hospital Center, etc.) 02

私人的醫師診所..... 03

衛生局的門診.....	04
其他, 請註明: _____.....	05
不知道/不確定.....	888
不願回答.....	999

2.3 您看這位醫師有多久了?

少於 1 年.....	01
1-3 年.....	02
3-5 年.....	03
5-10 年.....	04
10 年或 10 年以上.....	05
不知道/不確定.....	888
不願回答.....	999

2.4 在過去二年內, 您多常去看您的固定醫師?

一個月內看好幾次.....	01
大約一個月一次.....	02
大約 2-4 個月看一次.....	03
大約 5-8 個月看一次.....	04
大約 9-11 個月看一次.....	05
大約一年一次.....	06
大約一到二年一次.....	07
我沒有固定多久去一次.....	777
不知道/不確定.....	888
不願回答.....	999

2.5 您的醫師是男性, 還是女性?

男醫師.....	01
女醫師.....	02

2.6 這位醫師是華人嗎?

是.....	01
不是.....	02

2.7 這位醫師和您溝通時是使用那一種語言?

英文.....	01
英文, 翻譯成中文讓我了解.....	02
中文.....	03
中文, 翻譯成英文讓我了解.....	04
其他語言.....	05

【跳到第 4 題】

3. 有沒有一個特別的診所, 保健中心, 或醫師診所, 您通常會去那裡尋求健康照顧的?

有.....	01
沒有 (跳到第 4 題).....	02

3.1 請問那個地方是: _____

[重新分類]

公立醫院(e.g. Montgomery General Hospital, Fairfax County Hospital, DC General Hospital, etc.).....	01
私立醫院 (e.g. Shady Grove Hospital, Suburban Hospital, Georgetown University Hospital, Washington Hospital Center, etc.).....	02
私人醫師診所.....	03
衛生局的診所.....	04
急診室.....	05
其他, 請註明: _____.....	06
不知道/不確定.....	888
不願回答.....	999

[醫療檢查]

4. 您曾經在過去兩年內做過一般性的醫療檢查, 像是量血壓, 血糖, 或是膽固醇的檢查嗎?

是.....	01
否.....	02
不知道/ 不確定.....	888
拒絕回答.....	999

5. 在過去兩年內，那些曾經替您看病的醫生，有沒有任何一位建議您要做癌症篩檢？

有..... 01
沒有[跳到第 6 題]..... 02

5.1 他（她）們建議您做什麼樣的癌症篩檢項目？[逐項圈選]

癌症名稱	有建議做	沒有建議做
乳癌	1	2
子宮頸癌	1	2
大腸直腸癌	1	2

5.2 這些醫生有多希望您做下面這些 [癌症篩檢]？[Fox, 1994]

癌症篩檢名稱	非常希望	有一些希望	沒有表示 意見	不是 很希望	一點 也不希望
乳房攝影檢查	1	2	3	4	5
子宮頸抹片檢查	1	2	3	4	5
糞便潛血試驗	1	2	3	4	5
軟式乙狀結腸鏡檢查	1	2	3	4	5
大腸鏡檢查	1	2	3	4	5

[就醫的障礙]

6. 當您需要就醫時，您是否有過下列的這些問題？[讀出選項]

	是	否
6.1 沒有交通工具	1	2
6.2 很難預約看診時間	1	2
6.3 找不到人看小孩	1	2
6.4 沒有支薪的假期	1	2
6.5 沒有時間	1	2
6.6 有語言上的困難（很難找得到會說中文的醫師）	1	2
6.7 沒有或只有部份的醫療保險給付	1	2
6.8 太多書面資料要填	1	2
6.9 候診時間太久	1	2

第三部份 文化和文化改觀

[文化觀]

1. 以下的敘述是一般華裔婦女對健康，醫藥，以及醫療照顧可能有的看法。每一個敘述有五個選擇，我現在會一一的唸給您聽。請告訴我對於下列每個敘述的意見是：非常贊同、贊同、不贊同、非常不贊同、或者是沒意見。這沒有標準答案，我們只想請您發表您的意見。

敘述	非常贊同	贊同	沒意見	不贊同	非常不贊同
1.1 為能達到良好的健康，規律的到戶外走走是絕對必要的。	1	2	3	4	5
1.2 某些特定的食物會對我不好，因為它會干擾到我身體冷熱的平衡。	1	2	3	4	5
1.3 健康或生病是命中注定的。有些人總是健康的，有些人則是經常會生病。	1	2	3	4	5
1.4 癌症很難去預防。	1	2	3	4	5
1.5 夏天補涼(吃涼性食物)以及冬天補熱(吃暖性食物)會讓我的身體強壯。	1	2	3	4	5
1.6 我最清楚我自己的身體不過了。	1	2	3	4	5
1.7 最好不要想到癌症。如果我們想太多的話，我們可能會得癌症。	1	2	3	4	5
1.8 大部份的疾病，除了外傷以外，都是因為身體內的冷熱不平衡。	1	2	3	4	5
1.9 吃自己準備的食物是邁向健康的要素。	1	2	3	4	5
1.10 得到癌症就好像被宣判了死刑一樣。	1	2	3	4	5
1.11 只要我自己還能照顧自己並且保持健康，我就不需要去看醫生。	1	2	3	4	5
1.12 我們不要太常吃“西藥”，因為它的化學成份會傷害我們的身體。	1	2	3	4	5
1.13 中藥比較能使人體內的陰陽達到平衡。	1	2	3	4	5
1.14 假如我命中注定要得到癌症，我就會得到它。	1	2	3	4	5
1.15 個人體質不同。因此，有些人比其他入更容易生病或更容易得到癌症。	1	2	3	4	5
1.16 保持心情愉快，做我喜歡的事，並且不和其他人競爭可以讓我更健康。	1	2	3	4	5
1.17 我不能掌控我自己的命運。	1	2	3	4	5
1.18 中藥在預防疾病方面比西藥好。	1	2	3	4	5
1.19 去診所或醫院太多次會容易得病或讓自己走霉運。	1	2	3	4	5
1.20 很多的醫學檢查都太具侵入性，而且會讓我不舒服。	1	2	3	4	5
1.21 一旦我們得了癌症，就只有“聽天由命”。	1	2	3	4	5
1.22 西藥在殺菌方面很有效，但不能預防疾病。	1	2	3	4	5
1.23 假如我沒有生病，我不會看醫生。	1	2	3	4	5

1. 24 沒有得到癌症是個人的運氣好。	1	2	3	4	5
1. 25 對於治病的效果，中藥比西藥更好。	1	2	3	4	5
1. 26 醫師通常都會做很多不必要的檢查。	1	2	3	4	5
1. 27 三餐定時定量以及作息規律可以讓我們身體健康。	1	2	3	4	5
1. 28 練氣功或太極拳可以幫助調節體內的“氣”，可以增強人的活力並能預防疾病。	1	2	3	4	5
1. 29 不管我怎麼做，假如我會得到癌症，還是會得到。	1	2	3	4	5
1. 30 假如一位醫師或護士檢查我的私處，我會感到很難為情。	1	2	3	4	5

[同化] (Anderson, 1993)

2. 以下要請問您有關您使用中文和英文的情形。請讓我知道您在下面每個選項中的語文能力是非常好, 很好, 普通, 不太好, 或者是一點也不會。

	非常 好	很 好	普 通	不 太 好	一 點 也 不 會
2. 1 了解口語英語	1	2	3	4	5
2. 2 說英文	1	2	3	4	5
2. 3 讀英文	1	2	3	4	5
2. 4 寫英文	1	2	3	4	5
2. 5 說中文 (國語, 廣東話, 其他)	1	2	3	4	5
2. 6 讀中文	1	2	3	4	5
2. 7 寫中文	1	2	3	4	5

3. 您平常【敘述】是用那一種語言交談?

敘述	只說 中文	大部份 說中文	中文和 英文	大部份 說英文	只說 英文
3. 1 【和您大部份的朋友在一起時】	1	2	3	4	5
3. 2 【和您大部份的鄰居在一起時】	1	2	3	4	5
3. 3 【和家人聚在一起的時 候】	1	2	3	4	5

4.

	只有 華人	大部份 是 華人	華人和美 國人 都有	大部份是 美國人	只有 美國人
4.1 您幾乎每天都會見到的好朋友。 他(她)們是...	1	2	3	4	5
4.2 您幾乎每天都會見到的鄰居。他 (她)們是...	1	2	3	4	5

第四部份 癌症知識以及篩檢的經驗

這個部份要請問您對於癌症及癌症檢查的看法。有得過癌症的人和沒有得過癌症的人可能會有不同的意見。所以我們想請問您

您曾經得過癌症嗎？

是..... 01
否..... 02

請問是那一種癌症？ _____

[癌症的知識] (NHIS, 1992)

1. 您認為 [危險因子] 是導致 [癌症名稱] 的一個原因嗎？

[從中圈選一個答案]

癌症名稱	年紀愈大	常食用高油脂 飲食	常食用低纖 維飲食	抽煙	家族病史	缺乏運動
乳癌	是/否/不知道	是/否/不知道	是/否/不知道	是/否/不知道	是/否/不知道	是/否/不知道
子宮頸癌	是/否/不知道	是/否/不知道	是/否/不知道	是/否/不知道	是/否/不知道	是/否/不知道
大腸直腸癌	是/否/不知道	是/否/不知道	是/否/不知道	是/否/不知道	是/否/不知道	是/否/不知道

[Code: 是=1, 否=0]

1.1 您認為有多位性伴侶是造成子宮頸癌的一個原因嗎？

是..... 01
否..... 02
不知道/不確定..... 888
不願回答..... 999

[察覺到的風險]

2. 您認為在您一生中, 您得到 [癌症名稱] 的機會有多大? 您認為是非常不可能, 不太可能, 有點可能, 還是非常可能會得到?

癌症名稱	非常不可能	不太可能	有點可能	非常可能
乳癌	1	2	3	4
子宮頸癌	1	2	3	4
大腸直腸癌	1	2	3	4

3. 您認為您會得到【癌症名稱】的機會和其他跟您差不多年紀的婦女比起來是低很多, 低一點, 高一點, 高出很多或者是一樣多?

癌症名稱	低很多	低一點	一樣多	高一點	高出很多
乳癌	1	2	3	4	5
子宮頸癌	1	2	3	4	5
大腸直腸癌	1	2	3	4	5

[耽憂和害怕] (Schwartz, 1995)

4. 一般說來, 您有多擔心有一天您可能會得到 [癌症名稱]?

癌症名稱	一點都不耽心	很少耽心	有些擔心	十分耽心
乳癌	1	2	3	4
子宮頸癌	1	2	3	4
大腸直腸癌	1	2	3	4

5. 在過去一年當中, 您有多常想到自己可能會得到 [癌症名稱]? [有四個選擇]

癌症名稱	不會想到或幾乎沒有想到	有時候會想到	經常想到	幾乎每天想到
乳癌	1	2	3	4
子宮頸癌	1	2	3	4
大腸直腸癌	1	2	3	4

[乳房攝影檢查]

6. 您曾經做過乳房攝影檢查嗎? 乳房攝影檢查是一種用 X 光照攝乳房的檢查。

是.....01
否 (跳到第 7 題).....02
不知道/不確定.....888
拒絕回答.....999

- 6.1 五十歲以後, 您曾經做過多少次乳房攝影檢查? _____ 次

- 6.2 您最近一次的乳房攝影檢查是在什麼時候做的?

一年內.....01
一 到 二年前.....02
兩年多前.....03
不知道/ 不確定.....888
拒絕回答.....999

6.3 您上次去做乳房攝影檢查是因為乳房有腫塊或乳房有特別的問題, 或者只是去做定期檢查而已?

定期檢查..... 01
乳房/健康的問題..... 02

6.4 您最近二次乳房攝影檢查相隔多久?

1 年內..... 01
1 到 2 年..... 02
2 年以上..... 03
只做過一次..... 777
不知道/ 不確定..... 888
拒絕回答..... 999

【跳到第 8 題】

7. 您有聽過乳房攝影檢查嗎?

有..... 01
沒有 (跳到第 8 題)..... 02

7.1 為什麼您以前沒有做這樣的檢查呢? _____

8. 您認為像您這個年紀的婦女應該多久做一次乳房攝影檢查?

1 年 1 次..... 01
每 1 到 2 年 1 次..... 02
其他..... 03
不知道/ 不確定..... 888
拒絕回答..... 999

9. 您明年有做乳房攝影檢查的計劃嗎?

有..... 01
沒有..... 02
不知道/ 不確定..... 888
拒絕回答..... 999

[子宮頸抹片檢查]

10 您曾經做過子宮頸抹片檢查嗎？子宮頸抹片檢查是，先請您躺在內診臺上，並把腳放在馬鐙形的腳架上，然後醫師或護士會拿棉棒在子宮頸處騷括並取出細胞樣本，再送到檢驗室檢驗的一種檢查方式。

是..... 01
否（跳到第 11 題）..... 02

10.1 您曾經做過多少次子宮頸抹片檢查？ _____ 次

10.2 您最近一次子宮頸抹片檢查是在什麼時候做的？

1 年內..... 01
1 到 2 年..... 02
2 到 3 年..... 03
3 年以上..... 04
不知道/ 不確定..... 888
拒絕回答..... 999

10.3 您上次去做子宮頸抹片檢查是因為和健康有關的因素（譬如：出血、疼痛、有分泌物、或是發炎），或只是定期檢查的一部份而已？

定期檢查..... 01
和健康有關的因素..... 02

10.4 您最近二次子宮頸抹片檢查相隔多久？

1 年內..... 01
1 到 2 年內..... 02
2 to 3 年內..... 03
3 年以上..... 04
只做過一次..... 777
不知道/ 不確定..... 888
拒絕回答..... 999

【跳到第 12 題】

11. 您有聽過子宮頸抹片檢查嗎？

有..... 01
沒有（跳到第 12 題）..... 02

11.1 為什麼您以前沒有做這樣的檢查呢？_____

12. 您認為像您這個年紀的婦女應該多久做一次子宮頸抹片檢查？

1 年 1 次..... 01
每 1 到 2 年 1 次..... 02
其他..... 03
不知道/ 不確定..... 888
拒絕回答..... 999

13. 您在 1 到 3 年內有做子宮頸抹片檢查的計劃嗎？

有..... 01
沒有..... 02
不知道/ 不確定..... 888
拒絕回答..... 999

[糞便潛血試驗]

14. 您曾經做過糞便潛血檢查嗎？糞便潛血試驗可以檢查出我們看不見但已經存在大便或腸道中的血液。這項檢查的方式有兩種：首先，醫師或護士會戴上手套，把一個手指伸入病人的直腸中，取得大便檢體，把它放在一個小的抹片上。第二種是病人自行到洗手間取得他（她）的大便檢體，然後將大便檢體放在醫師給他（她）的小卡片裡面。在連續取得三天的大便檢體後，病人再把檢體送回到醫師那裡做檢驗。

是..... 01
否(跳到第 15 題)..... 02

14.1 在您的一生中您曾經做過多少次糞便潛血檢查？ _____ 次

14.2 您最近一次的糞便潛血檢查是在什麼時候做的？

1 年之內..... 01
1 到 2 年之前..... 02
2 年以上的時間..... 03
不知道/ 不確定..... 888
拒絕回答..... 999

14.3 您上次做糞便潛血檢查是因為有健康方面的問題，或只是定期檢查的一個項目而已？

定期檢查..... 01
有健康方面的問題..... 02

14.4 您最近二次糞便潛血檢查相隔多久？

1 年內.....	01
1 到 2 年.....	02
2 年以上.....	03
只做過一次.....	777
不知道/ 不確定.....	888
拒絕回答.....	999

【跳到第 16 題】

15. 您有聽過糞便潛血檢查嗎?

有.....	01
沒有 (跳到第 16 題).....	02

15.1 為什麼您以前沒有做這樣的檢查呢? _____

16. 您認為像您這個年紀的婦女應該多久做一次糞便潛血檢查?

1 年 1 次.....	01
每 1 到 2 年 1 次.....	02
其他.....	03
不知道/ 不確定.....	888
拒絕回答.....	999

17. 您明年有做糞便潛血檢查的計劃嗎?

有.....	01
沒有.....	02
不知道/ 不確定.....	888
拒絕回答.....	999

[軟式乙狀結腸鏡檢]

18. 您曾經做過軟式乙狀結腸鏡檢嗎? 軟式乙狀結腸鏡檢是將一條管子放入您結腸的下段, 然後用它來檢查結腸內是否有任何癌的病兆。

是.....	01
否 (跳到第 19 題).....	02

18.1 您最近一次的軟式乙狀結腸鏡檢是在什麼時候做的?

一年內.....	01
1 到 2 年前.....	02
2 到 3 年前.....	03
3 到 4 年前.....	04

4 到 5 年前.....	05
5 年前.....	06
超過 5 年以上的時間.....	07

18.2 您上次做軟式乙狀結腸鏡檢是因為有健康方面的問題，或者只是定期檢查的一個項目而已？

定期檢查.....	01
和健康有關的因素.....	02

【跳到第 20 題】

19. 您有聽過乙狀結腸鏡檢查嗎？

有.....	01
沒有（跳到第 20 題）.....	02

19.1 為什麼您以前不想做這樣的檢查呢？_____

20. 您認為像您這個年紀的婦女應該多久做一次乙狀結腸鏡檢查？

每 5 年 1 次.....	01
其他_____.....	02
不知道/ 不確定.....	888
拒絕回答.....	999

21. 您在未來 5 年內有做軟式乙狀結腸鏡檢查的計劃嗎？

有.....	01
沒有.....	02
不知道/ 不確定.....	888
拒絕回答.....	999

[大腸鏡檢]

22. 您曾經做過大腸鏡檢查嗎？大腸鏡檢查是將一條管子放入您的大腸，然後用它來檢查是否大腸內有任何癌症的病兆。這項檢查會給予藥物讓您不痛。這條管子可以看到整個大腸，但軟式乙狀結腸鏡檢查只能夠看到大腸的下半段而已。

是.....	01
否（跳到第 23 題）.....	02

22.1 您最近一次的大腸鏡檢查是在什麼時候做的？

10 年之內 01
10 年以前 02

22.2 您上次做大腸鏡檢查是因為有健康方面的問題，或者只是定期檢查的一個項目而已？

定期檢查..... 01
和健康有關的因素..... 02

【跳到第 24 題】

23. 您有聽過大腸鏡檢查嗎？

有..... 01
沒有（跳到第 24 題）..... 02

23.1 為什麼您以前沒有做這樣的檢查呢？_____

24. 您認為像您這個年紀的婦女應該多久做一次大腸鏡檢查？

每 10 年 1 次..... 01
其他_____..... 02
不知道/ 不確定..... 888
拒絕回答..... 999

25. 您在未來 10 年內有做大腸鏡檢查的計劃嗎？

有..... 01
沒有..... 02
不知道/ 不確定..... 888
拒絕回答..... 999

26. 以下是婦女對於做乳癌、子宮頸癌，及大腸直腸癌三種癌症檢查可能有的看法。請告訴您對這些敘述是非常贊同、贊同、不贊同、非常不贊同，沒意見，或是不知道。
[Rakowski, 1997]

敘述	非常贊同	贊同	沒意見	不贊同	非常不贊同	不知道
26.1 如果您的醫師告訴您癌症檢查的重要性，您會比較想要去做乳房攝影檢查。	1	2	3	4	5	6
26.2 定期做癌症檢查能讓您對您的健康感到放心。	1	2	3	4	5	6
26.3 您耽心做癌症檢查，很有可能導致不必要的手術。						
26.4 即使家中沒有人得過癌症，還是有必要做癌症檢查。	1	2	3	4	5	6
26.5 假如您的醫師好像不確定是否您需要做癌症檢查，您可能不會想做。						
26.6 假如癌症檢查發現了不正常，那麼不管做什麼都於事無補。	1	2	3	4	5	6
26.7 假如您吃的食物很健康，那麼您得到癌症的機會就會降低很多，您可能就不需要去做癌症檢查。	1	2	3	4	5	6
26.8 對像您這樣年紀的婦女來說，癌症檢查並不重要。	1	2	3	4	5	6
26.9 一旦您有幾次正常的癌症檢查結果，之後的幾年就不需要再做了。	1	2	3	4	5	6
26.10 除非有症狀出現或感到不舒服，您大概不會想去做癌症檢查。	1	2	3	4	5	6
26.11 癌症檢查可以在癌症最有可能被治癒的時候就發現。	1	2	3	4	5	6
26.12 癌症檢查並沒有像大家說得那麼重要。	1	2	3	4	5	6
26.13 您可能不會做癌症檢查，除非您的醫師提醒您。	1	2	3	4	5	6
26.14 每一兩年做一次癌症檢查使您覺得您能夠掌握自己的健康。	1	2	3	4	5	6
26.15 假如醫師或護士幫您檢查過您的乳房，您就不需要去做乳房攝影檢查了。	1	2	3	4	5	6
26.16 每一年或二年做一次乳房攝影檢查，對您是最有幫助的。						
26.17 子宮頸抹片檢查很快就可以做好了，做這種檢查不是一種困擾。	1	2	3	4	5	6
26.18 子宮頸抹片檢查能夠在癌症尚未發展之前，就能發現問題。	1	2	3	4	5	6
26.19 子宮頸抹片檢查的結果並不可靠，因為有些檢驗室做的檢查比其他檢驗室來的好。	1	2	3	4	5	6
26.20 每一年或二年做一次子宮頸抹片檢查，對您是最有幫助的。						
26.21 停經後的婦女不需要經常做子宮頸抹片檢查。	1	2	3	4	5	6
26.22 在婦女停止生育之後，她們不需要做子宮頸抹片檢查。	1	2	3	4	5	6
26.23. 做糞便潛血檢查要您自己取得糞便樣本，真是噁心。	1	2	3	4	5	6

SA=Strongly agree; A=Agree; N=Neutral; DA=Disagree; SD=Strongly disagree.

第五部份 抽煙

1. 您曾經抽煙嗎？

是 01

否〔跳到第 2 題〕 02

1.1 您現在有抽煙嗎？

是 01

否〔跳到第 2 題〕 02

1.2 您曾經試過或想過要戒菸嗎？

我以前戒過菸.....01

我曾經想過要戒菸.....02

否03

2. 〔不把您自己算在內〕您的家人中有多少人抽煙？ _____ 人

3. 他們是您的什麼人？

	有抽煙	沒抽煙
父親.....	1	2
母親.....	1	2
先生(丈夫)	1	2
兒子	1	2
女兒	1	2
孫子.....	1	2
孫女.....	1	2
其他，請註明 _____	1	2

4. 您認為他/她/他們會聽您的建議去戒菸嗎？

非常謝謝您花時間完成我們的訪談。您的回答能提供有關華裔婦女健康以及健康照護的寶貴資料。您將會在二到四個禮拜內收到一份防癌教育教材。我們將會在您收到並看過了教材後的1-2個禮拜左右,再打電話給您,請問您對這份防癌教育教材的意見。除此之外,我們將會持續的郵寄給您和健康有關的資訊並在1-2年後,再做最後一次的訪談。請您留下您的聯絡資料:

姓名: _____

住址: _____

城市名 _____ 州 _____ 郵遞區號 _____

電話號碼: () _____

請問您可以給另外一或二位您親戚或朋友的住址以及電話號碼,假如我們和您聯繫不上時,他(她)可能會知道要如何和您聯絡?

聯絡人:

姓名: _____ 和您的關係: _____

住址: _____

城市名 _____ 州 _____ 郵遞區號 _____

電話號碼: () _____

很高興和您談話。我將於1-2個月後再次與您聯絡。假如您對這研究以及你的參與有任何問題,請和喬治城大學的陳美玉女士聯絡;她的電話是(202) 687-0155. 謝謝。再見!

Appendix C

Informed Consent

(English and Chinese)

Informed Consent

STUDY TITLE

Impact of Culture on Cancer Screening in Chinese Women

PRINCIPAL INVESTIGATOR **Wenchi Liang, D.D.S., Ph.D.**
Georgetown University Medical Center
2233 Wisconsin Ave., NW, Suite 440
Washington, DC 20007
(202) 687-8937

INTRODUCTION AND PURPOSE OF THE STUDY

You are invited to consider participating in this research study. We will be evaluating how Chinese American women your age think about their health, cancer and cancer prevention, and health care experience. Our goals are to design and distribute cancer educational materials that focus on your needs and to evaluate how acceptable are these materials to you.

The National Cancer Institute (NCI) is sponsoring this research. Georgetown University Medical Center is being paid by the NCI to conduct this study with Dr. Wenchi Liang as the primary investigator.

This form will describe the nature of this study, its possible risks and benefits, and your rights as a participant in this study. If you decide to participate, please sign and date this form.

WHAT CAN I CONTRIBUTE TO THIS STUDY?

Your ideas and opinions will help us understand how to address the unique needs in Chinese American women regarding their health and cancer screening. The information will be used to design the study questionnaires and educational materials that will be useful for other Chinese American women like you.

ANTICIPATED ACCRUAL OF THIS STUDY

We will invite about 400 Chinese American women to take part in this study.

WHO CAN PARTICIPATE?

We will invite Chinese American women aged 50 and older living in the Washington D.C. area to take part in this study. Participants must be able to speak and read Chinese or English. Short-term visitors (i.e. those who will stay in the U.S. for no more than one year at the time of recruitment) in the U.S. will be excluded.

_____ Participant initial _____ Witness initial

WHAT IS INVOLVED IN THIS STUDY?

If you decide to take part in this study, you will need to sign this consent form first and leave your name and contact information for a telephone interview. Second, we will call you at your earliest convenience to complete a telephone interview. This interview asks about your health status, health care utilization, communicate with physician, cancer knowledge and cancer screening experience. After this interview, we will design Chinese language cancer educational materials according to your opinions and mail them to you. Finally, we will call you and asked about your opinions about the usefulness of these materials.

DURATION OF THIS STUDY

The total time of your involvement in this project, from the initial telephone interview to mailing of the materials to the last interview, will last for 3 to 4 years. Each telephone interview will take 20-30 minutes.

POTENTIAL RISKS

There are no expected risks associated with this study. However, you may find some questions difficult to answer or upsetting. In this case, you can choose not to answer these questions.

POTENTIAL BENEFITS

If you take part in this study, there may not be any direct medical benefits to you. However, your answers will help older women like you to improve their cancer knowledge and cancer prevention practice. In addition, the Chinese language cancer educational materials will provide you detailed information on cancer prevention.

CONFIDENTIALITY

All of your responses are confidential. Your name or other identifying information will never be linked with your answers. Your name will never be used or shared in any way. Your opinions will be grouped with those of other participants and used solely for the purpose of the study.

Discussing these questions does not affect the care that you will receive from your health care providers. You do not have to answer any question you do not want to. All of your opinions will be confidential, and we will not use your name printed on manuscript or brochure.

We will store your answers of the interview in a computer. Only authorized users, such as the investigator and research staff, will have the access to these computer files.

DO I HAVE TO ANSWER ALL OF THE QUESTIONS?

You are free to answer any questions or not to answer any questions at any time. There are no right or wrong answers for answering any of the questions. We are interested in your opinions and experiences.

DO I HAVE THE RIGHT TO LEAVE THE STUDY?

Participation in this study is entirely voluntary. You have the right to leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Should you decide to leave the study, please contact Dr. Wenchi Liang at (202) 687-8937.

WHO CAN I CALL TO MAKE SURE THIS IS A LEGITIMATE STUDY?

The Georgetown University Institutional Review Board has approved this research. For information on research subject's rights, please contact the office of the Institutional Review Board at (202) 687-1506.

WHO CAN I CALL TO ASK QUESTIONS ABOUT THIS STUDY?

Please contact the Principal Investigator of this study, Dr. Wenchi Liang, at (202) 687-8937.

INVESTIGATOR'S STATEMENT

I have fully explained this study to the subject. I have discussed the procedures, the possible risk and benefits, and have answered all the questions that the participant has asked.

Signature of Investigator _____ Date _____

PARTICIPANT'S CONSENT

I have read this information provided by this Informed Consent form. All my questions were answered to my satisfaction. I voluntarily agree to participate in this study.

[Upon signing, you will receive a copy of this form. The original will be part of your study record.]

Signature of Participant: _____ Date: _____

Name of Participant: _____ (Printed name)

Address: _____

City _____ State _____ Zip code _____ Phone: (_____) _____

Signature of Witness: _____ Date: _____

Name of Witness: _____ (Printed name)

參與研究同意書

研究名稱

為文化對於華人婦女癌症篩檢的衝擊

研究計畫主持人

梁文璣 博士
喬治城大學醫學中心
2233 Wisconsin Ave., N.W., Suite 440
Washington, D.C., 20007
(202) 687-8937

研究目的

您被邀請來參與我們的研究。我們將評量像您一樣年紀的華人婦女如何看待健康、癌症及癌症預防，以及醫療保健的經驗。我們的目標在於設計並提供針對您需要的癌症教材，並且評量您對這些教材的接受度。

國家癌症機構(National Cancer Institute)及蘇珊考門乳癌基金會(Susan G. Komen Breast Cancer Foundation)贊助這項研究，經由喬治城大學醫學中心的梁文璣博士主持。

這份同意書將介紹這項研究，可能的危害和利益，以及參與者的權益。假如您決定要參與本研究，請在同意書上簽名及日期。

我能對這研究有什麼貢獻？


您的想法及意見可以幫助我們瞭解華人婦女對健康和癌症篩檢的特殊需要。這些資料將用來設計問卷和對像您一樣的華人婦女有幫助的中文教材。

預定參與研究的人數

我們將邀請大約 400 位華人婦女參與這項研究。

誰能參加這項研究？

我們將邀請住在華盛頓地區五十歲以上的華人婦女來參與這項研究。參加者必須能讀也能說中文或英文。短期居留者（住在美國不超過一年者）不能參加。

 參與者簽名 _____ 證人簽名

此份研究的內容？

如果您決定參與這項研究，首先，您必須在這份同意書上簽名，並留下您的姓名和聯絡資料以便在日後做電話訪談。接著，我們將在您最方便的時候打電話給您並進行訪談。這項訪談將請問您對於自己健康狀況的看法、醫護資源的使用，和醫師溝通的方式，對癌症的了解以及癌症篩檢的經驗。訪談之後，我們將根據您的意見設計中文的防癌衛教手冊然後郵寄給您。最後，我們會以電話請問您這些教材是否對您有幫助。

研究期限

從第一次電話訪談，到郵寄衛教材料，直到最後一次訪談，總共將持續三到四年。每一次電話訪談大約需要二十至三十分鐘。

可能的危害

參與這份研究並沒有任何預期的危害。但是，您可能覺得有些問題不容易回答或會讓您覺得不舒服，在這種情況下，您可以選擇拒絕回答這些問題。

可能的好處

假如您參與了本研究，您可能不會直接得到醫療上的好處。但是，您的回答將幫助像您一樣的華人婦女增強對癌症的知識及防癌的行為。除此之外，此份中文的衛教資料將會提供您詳細的癌症及預防癌症的資訊。

保密性

您所有的回答會被完全保密。您的名字和其他用來確認您身份的資料絕不會和你的答案串連在一起。我們不會使用或告訴別人您的名字。您的意見將會與其他參與者的意見組合在一起，並且只用於這項研究。

參與討論問題不會影響到您將來的健康照護。您不想回答的問題可以不回答。您所有的意見都會被保密，我們也不會把您的名字印在稿件或小手冊上。

我們將會把您訪談的答案輸入電腦中。只有核准使用者（研究計畫主持人或研究人員）才能使用這些電腦檔案。



參與者簽名

證人簽名

我需要回答所有的問題嗎？

您隨時可以決定要或不要回答任何問題。訪談的問題沒有絕對對或錯的答案。我們只是要瞭解您的意見和經驗。

我有權利退出這項研究嗎？

參與這項研究是出於自願的。您有權利在任何時候退出這項研究。退出研究並不會帶來處罰或使您喪失任何應得的好處。如果您決定要退出研究，請聯絡梁文璣博士(202) 687-8937。

我能和誰聯絡好確定這是合法的研究？

喬治城大學檢閱會 (Institutional Review Board) 已經核准這項研究。您可以打電話到檢閱會(202) 687-1506 詢問參加研究者的權益。

我能夠向誰詢問有關這項研究的問題？

請打電話給主持這項研究的梁文璣博士(202) 687-8937。



參與者簽名

證人簽名

研究者聲明

我已經清楚的向研究對象解釋本研究。我已經討論過整個研究的過程和可能的危害和益處，並且回答了一切參與者的所問的問題。

研究者 _____ 日期 _____

參與研究同意書

我已經讀過了這份參與研究同意書。我一切問題的答覆都令我滿意。我自願參與這項研究。

[簽名後，您會得到一份參與研究同意書的副本。同意書正本將成為您參與研究的記錄]

參與者簽名: _____ 日期: _____

參與者姓名: _____ (正楷姓名)

住址: _____

城市名 _____ 州名 _____ 郵遞區號 _____

電話: (____) _____

證人簽名: _____ 日期: _____

證人姓名: _____ (正楷姓名)

Appendix D

Flyer for Recruitment

(English and Chinese)

Georgetown University Cancer Control
Program invites you to...

Concern the health of Chinese Americans!

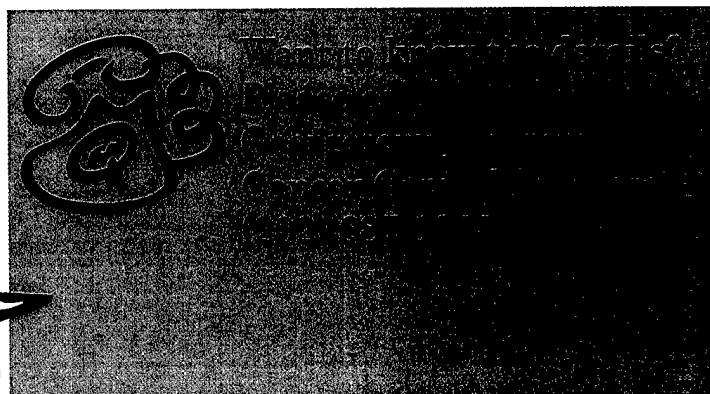
Research Object: Design/provide culture sensitive cancer educational materials for Chinese American women and evaluate your feedback.

Research Subject: Chinese Americans who are aged 50 and over.

Research Method: Telephone interview. Materials mailing.

How can you be so important to us: You can help us to find out the answers.

Chinese American women in health.



Please share with your friends and relatives about this exciting news.
Let us join this meaningful project together!

星
嘉治城大學癌症防治中心邀請您……

一起來關心 華人婦女健康

★ 我們已編印一套特別針對華人婦女需要的癌症教材，並埋單予各書報社的經銷商。

★ 我們也編印一套特別針對華人婦女需要的癌症教材。

★ 我們也編印一套特別針對華人婦女需要的癌症教材。

★ 我們也編印一套特別針對華人婦女需要的癌症教材。



請與您的親朋好友分享這項好訊息，讓大家一起來參加這項有意義的活動！

Appendix E

Newsletter for Recruitment

(English and Chinese)

BEINU newsletter
English Version

「 Make an Appointment With Your Health!! 」 Research Project

Dr. Wenchu Liang of Georgetown University Medical Center is in charge of this research project. Eligible participants are Chinese American women ages 50 and older who live in the metropolitan Washington D.C area. A total of 400 participants will be recruited for telephone interviews. The research team will then develop a set of culturally appropriate Chinese language cancer educational materials. At the end, the materials will be mailed to participants for their review and participants' opinions will be collected. In August of 2002, Dr. Liang has successfully completed a pilot study on the usefulness of Chinese breast cancer educational materials, which have been well accepted by local Chinese American women. It is hoped that these educational materials can benefit more Chinese American women in the future. In addition, Dr. Liang's team is planning to introduce information about prevention of other types of cancer. They will also provide participants with other health-related information and collect participants' opinions during the course of the project period. This project will make great contributions to Chinese American women's health and their understanding of cancer prevention and control. If you are interested in participating in this study, please call Ms. Mei-Yuh Chen at (202) 687-0155.

11/20/02

CCACC 中文稿

「與健康有約」研究計劃——這項研究計劃是由喬治城大學醫學中心梁文璣博士負責，中心將協助招募志願者。研究對象是大華府地區五十歲以上的華裔婦女。這項計劃將對四百名志願者進行電話訪問，然後發展出一套適合華人文化背景的癌症教育材料，寄給所有志願者，再徵求她們的意見。梁文璣博士已於今年八月完成初步的試驗性乳癌防治手冊，深受地區華人婦女的好評，未來他們希望造福更多的華人婦女，並進一步介紹其他癌症的防治，梁文璣博士的團隊將在研究期間提供和健康有關的資訊給志願者並收集志願者的感想。這項計劃將對華裔婦女的健康以及華人在對癌症的了解與防治上有重大的幫助。有意參加這項計劃的婦女，請電陳美玉女士 202-687-0155。